



Support Organization for Trisomy 18, 13 and Related Disorders
~ Donations Form ~

To make a tax-deductible donation to SOFT, please print, complete and mail this form to:

SOFT Donations
2982 South Union St.
Rochester, NY 14624

SOFT is a self-funded I.R.S. 501(c)(3) non-profit, volunteer-run organization that has no salaried staff and was incorporated in Utah in 1980. SOFT has been helping families for more than three decades and is recognized as a primary source of information about trisomy 18 and 13, and is linked to many .gov and hospital sites. A donation to help SOFT continue supporting families would be most appreciated and a receipt will be provided. Donations are used to cover costs for:

- welcome packets and newsletters
- the SOFT Website
- research studies related to trisomy 18 and 13
- annual conference costs
- small scholarships to families needing help to come to a conference
- printing of books about trisomy 18 and 13

Please know that we do not share your personal information with any other organization. Your privacy is appreciated and completely respected.

Donation will be made by (your name): _____

Street or Box Address: _____

City State/Province Zip/Postal Code Country, if not USA

Telephone and email address (used only in case we must contact you about your

donation): _____

If this donation is in honor of, or in memory of a child, circle which, then enter the child's name and the child's parent's name so we can acknowledge the donation:

Child: _____

Parent(s): _____.

Donation Purpose and Amount Section:

Enter "In Honor/Memory of" amount): \$ _____

SOFT General Fund (enter amount): \$ _____

Joey Watson Fund (enter amount): \$ _____

Conference Fund (enter amount): \$ _____

Special Purpose (enter amount: \$ _____

Purpose: _____

Enter the total of the donation here : \$ _____

Credit Card Information:

We accept both Visa and Mastercard. Should you prefer to donate by check, please write "check no _____" in the Card Number space below. Send the completed form to our Headquarters, the address for which is found at the top of this page.

Visa or Mastercard (Circle one) Card Number: _____

Name on Card: _____

Security Code: _____ Expiration Date: _____

Thank you for your donation. You will receive a receipt by mail. Please enter any comments you might have here: