



DIMES FOR DOWN SYNDROME SCHOOL CAMPAIGN COMPLETION FORM

We have completed our Dimes for Down Syndrome campaign and are mailing a check to the DSOSN for the total funds we have collected. Please make arrangements for the top fundraising class to receive their McDonald's luncheon celebration as well as send us any fundraising prizes we are entitled to.

School: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Major Cross Steets: _____

School Phone w/ Ext. _____

Alternate Phone: _____ **Fax:** _____

Email: _____

Preferred Method of Contact: _____ **School Phone** _____ **Alt. Phone** _____ **Email**

Best Days and Times to Contact: _____

Our Total School Fundraising Total was: \$ _____

Our Top Fundraising Class was _____
(Name of Teacher)

The Top Fundraising Class Total was: \$ _____

Grade Level: _____ **Number of Students in the Class:** _____

Please provide two preferences for the date and time of your Luncheon Celebration and indicate preference: _____ **McDonalds Breakfast** _____ **McDonalds Lunch**
_____ **Pizza** or _____ **Dimes for Downs T-Shirts**

1. Date: _____ **Time:** _____

2. Date: _____ **Time:** _____

Mail to:
Down Syndrome Organization of Southern Nevada
5300 Vegas Drive
Las Vegas, NV 89108-2347
Or fax this form to 702-648-2020

If you should have any questions, please feel free to call 702-648-1990 or email at dcline@dsosn.org