



KDVS

Koolen-de Vries Syndrome Foundation

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Purpose of Donation

In honor of **OR** In memory of:

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Recurring Donation Pledge: \$ _____ Every _____ month(s)

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Please make checks payable to 'KDVS Foundation' and mail to:

KDVS Foundation -- P.O. Box 470218 -- Fort Worth, TX 76147

THANK YOU FOR YOUR DONATION!