



**Not for profit. For families**  
2010 Annual Appeal

**Thank you for supporting the DSAGSL!**

**Name**

---

**Address**

---

**City**

**State**

**Zip**

---

**Home Phone**

**Email**

---

**Please add/update my name and address to the DSAGSL mailing list.**

---

I would like to make a one time donation of \$\_\_\_\_\_

I would like to pledge a monthly donation of \$\_\_\_\_\_ per month.

Payment:

Check is included.

Please charge my credit card.

Please mail with payment to: DSAGSL 8420 Delmar Blvd., Suite 200 St. Louis, MO 63124

Credit card orders may be faxed to: 314-989-1579

Credit Card Information	Date Ordered _____
Name on card: _____	Signature: _____
Payment Method	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card Number	_____
Expiration Date	_____ (MM/YY) _____

For Office Use only

Date Received	Type	Total
CC: Date	Approval	Ref