



**Raising Awareness of**

**XXY - XYY - XYY - XXXY - XXXXY - XXX - XXXX - XXXXX**

**Donation Form**

Event Held: \_\_\_\_\_

Organizer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

**Thank you for your support!**

Please mail this form along with your check  
to the address below.

AXYS  
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