



We identify, educate, empower  
and advocate for DES-exposed individuals.

## DES Action Donation Form

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### *Donation Amount:*

- |                               |                                         |
|-------------------------------|-----------------------------------------|
| <input type="checkbox"/> \$5  | <input type="checkbox"/> \$100          |
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$150          |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$250          |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$500          |
|                               | <input type="checkbox"/> Other \$ _____ |

*A donation to DES Action is made in tribute for:*

\_\_\_\_\_

*Acknowledgement of this gift will be sent to the family:*

Name: \_\_\_\_\_

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

\_\_\_\_\_

*We rely on membership dues and donations and accept no drug company funding.  
DES Action USA is a 501(c)(3) corporation under the umbrella of MedShadow Foundation.*

*Your donation is fully tax deductible.*

*Please mail checks to:*

**DES Action USA  
229 E 85th Street Unit K,  
New York, NY 10028**