

Give it Back! Program Individual Sponsorship

Information and instructions.

All GIB requests will be forwarded to the GIB committee for processing. The decision to approve or deny a GIB request rests solely with the GIB committee. A Decision will be made in four to six weeks and the requester will be informed of the decision. **Not all requests are approved.**

The Give it Back! Program was developed as a means of giving back to the Down syndrome community.

Individuals with Down syndrome are eligible for up to **\$250.00 a year**. The monies are to be used to enhance their lives. Examples of ways the money can be used: Seminars, computers, books, training, lessons and classes, tutors and learning devices.

Filling out the form:

Name of Individual with Down Syndrome _____ Phone _____

Address _____ State _____ Zip _____

Parent/Guardian or Contact Person _____ Phone _____

Fax _____ E-mail _____

Are you applying for reimbursement or pre-payment (Please one)

Reimbursement: You have paid for the item and want SANDS to reimburse you. You must include all receipts. **Pre-payment:** SANDS will make the check out to the vendor, no money out of your pocket unless item is over \$250.00. You must include in request, cost of item, shipping, and taxes. SANDS needs to know the total cost of item.

SANDS does not give out cash.

If looking for a reimbursement, we need all associated receipts. If you've prepaid, please provide the following information.

What is the prepayment for (Include all costs associated such as **actual cost of item or service, taxes, and shipping.**)

Amount of your request \$ _____ who should the check be made out to? _____

If this is a reimbursement, your name will go here. If this is pre-payment, the name of the vendor will go here.

If this is a service, please provide the following information: ***Examples of services: lessons, seminars, tutor, ECT.***

Name _____ ***Vendors name and contact information*** Phone _____

Address _____ City _____ State _____ Zip _____

Describe in detail the item or service, to include how this will enhance the life of the individual with Down syndrome. ***Please go in-depth, how will this item or service enhance the life of the individual with Down syndrome*** _____

Agreement must accompany "Give it Back! Program" request.

Agreement

I, _____ (parent's name if applicant is under 18) verify that the funds being accepted by me on this application are valid and that I have not made false statement. I testify that the funds being accepted by me from SANDS (Southern Arizona Network for Down Syndrome) will be used to benefit an individual with Down syndrome who lives in Southern Arizona. I am aware that SANDS is not associated with any one event, program and/or therapy and does not endorse or condemn any program when providing awards to individuals. SANDS cannot be held liable or sued for any activity associated with a program in which I, and/or my child, and/or any other family member receives sponsorship for. SANDS is not responsible for accomplishing or administering any program. Recipients of any sponsorship must notify SANDS of any changes in pricing and/or cancellation of any programs or product orders immediately. Cancellation of an event, program and/or product order will result in rescinding of the sponsorship. All pre-paid Program Sponsorships for events, programs and/or therapies will be paid directly to the vendors by SANDS whenever possible. In any other case, reimbursement will be made directly to the individual who incurred the expenses upon receipt and approval of the required documentation. I fully understand that I can apply as many times as I wish up to a limit of \$250.00 per individual with Down syndrome, per calendar year. I understand that the SANDS Board of Directors will allocate a fixed amount of funds for every option each year. In addition, there will be no further applications approved once those funds are exhausted, unless otherwise decided by the SANDS Board of Directors. I understand that SANDS will review and approve applications on a first come first serve basis and that my application will be approved if I and/or my family meet all of the Program and option requirements AND there are funds available. By applying for this Program and signing this agreement, I agree to allow SANDS charitable activities to use our names experience and/or photo in any promotional documents regarding this Program or any SANDS charitable activities. In addition, I agree to submit, any evidence and/or documentation verifying the medical diagnosis of Down syndrome of the individual to benefit from this program. **All requests received after November 30th will be held until the new SANDS budget is approved in the next calendar year.**

I have read and agree with all the terms indicated above,

Signature of Applicant (if over the age of 18)

Date

Parent/Guardian Signature (required if applicant is under 18)

Date

Mail to SANDS PO Box 40100 Tucson, AZ 85717 1-877-57-SANDS

Include application and agreement

Make a copy of this agreement for your records