

# **ORDER FORM: DYNA's Awareness Series brochures:**

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\_\_\_\_\_ Your Pediatric Patient is Diagnosed with Dysautonomia: A Guide to Understanding Autonomic Dysregulation

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\_\_\_\_\_ Educating the Dysautonomia Student: An Introduction for Teachers and Other School Personnel

\_\_\_\_\_ You have Been Diagnosed with a Dysautonomia Condition Special Accommodation Medical Card

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I have enclosed a \$5.00 per brochure ordered (check or money order made out to DYNA, Inc.). I understand that this amount does not qualify as a tax deductible donation and is utilized to help defray the costs of the brochure printing, handling, and postage.

My mailing address is: (print neatly please)

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**In case of questions regarding my order, you may reach me at:**

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**Donation:**

I understand the need and am proud to support childhood Dysautonomia conditions!

I also wish to enclose a donation. My tax deductible donation amount is:

\$ \_\_\_\_\_.

Mail to:

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1301 Greengate Court  
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