

You have 1 item in your cart for \$100.00

Your Cart



Your Details



Checkout



14:03

Until your session expires

Your Details

Individual Business/Organization

First Name*

Last Name*

Email*

Phone number*

Ext.

WORK

MOBILE

HOME

Address Line 1*

Address Line 2

City*

State/Province*

Postal Code*

Country*

Make this activity anonymous



I'd like to cover the processing fee so 100% of my contribution goes to Down Syndrome Association of Pittsburgh.

Message of Support (Will be displayed publicly)

Select Fundraiser*

Shannon Striner (Sienna's Squad) (Team Captain)