

# **Brian J. Wittig Memorial Enrichment Fund**

*A loving commitment to assist individuals with Down Syndrome and their families, through growth and development, by sharing our talents, time and resources to empower all to live a life of significance with grace and dignity.*

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*"It's not how long you live, rather how well you live."*

Professor Randy Pausch

## **Memorial Enrichment Fund Request**

Please complete the following:

Date: \_\_\_\_\_



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

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

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

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

Provide a brief description of your request for consideration of funds

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You will be notified by Eastern PA Down Syndrome Center if approved and at that time, information will be requested for funds to be directed to the vendor providing the service.

## **Eastern PA Down Syndrome Center**

6900 Hamilton Blvd

PO Box 60

Trexlerstown, PA 18087

610-402-0184

[www.epdsc.net](http://www.epdsc.net)