



The DSAJ's Young Professionals Board envisions the Jars of Joy Project bringing comfort and a smile to our families who have a loved one with Down syndrome facing medical challenges. Please note can be delivered at the location and date of your choice and can be written in the note section of the application.

Jars of Joy Application

Parent's Name: _____ Date: _____
Last First

Location: _____
Street Address Apartment/Unit #

City

Phone: _____ Email _____

Individual with DS name: _____

Note: _____

Please send completed application to Peyton Miller at Peyton.Miller@dsaj.org