



# DONATION FORM

Please mail this form with your donation to:

Autism Speaks  
1060 State Road, Second Floor  
Princeton, NJ 08540

*A receipt acknowledging your gift will be sent via mail.  
Thank you for your support!*

## DONOR INFORMATION

Individual Contribution     Corporate Contribution

Company Name
First Name / Last Name
Email
Address
City / State / Zip
Preferred Phone (    )    -

## TRIBUTE INFORMATION

(OPTIONAL - SELECT ONE)     This gift is in memory of someone     This gift is in honor of someone

Honoree First Name / Last Name
Occasion

### Send Tribute Acknowledgment to

First Name / Last Name
Address
City / State / Zip

Would you like your donation amount shared?     Yes     No

**Personal Message** (OPTIONAL - MESSAGE WILL BE INCLUDED IN TRIBUTE ACKNOWLEDGMENT LETTER)

## PAYMENT INFORMATION

\$500     \$250     \$100     \$ 50     \$25     Other \$ \_\_\_\_\_

**Payment Type:**     Check (*payable to Autism Speaks*)    Check #: \_\_\_\_\_    Check Date: \_\_\_\_\_  
 Cash

*Double your donation. Find out if your company will match your donation at [doublethedonation.com/autismspeaks](http://doublethedonation.com/autismspeaks)*

## IMPORTANT INFORMATION:

*Please make all checks payable to Autism Speaks  
All donations are tax deductible to the fullest extent allowed by U.S. law  
To protect your contribution, if possible please convert cash to a money order or check*