

DONATION FORM



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 ACKNOWLEDGEMENT TO

FIRST NAME / LAST NAME
ADDRESS
CITY / STATE / ZIP

PAYMENT INFORMATION

 \$500 \$250 \$100 \$50 \$25 OTHER: \$ _____

PAYMENT TYPE

CHECK #: _____ CHECK DATE: _____

PLEASE MAKE CHECKS PAYABLE TO AUTISM SPEAKS

 CASH ENCLOSED

DOUBLE YOUR DONATION FIND OUT IF YOUR COMPANY WILL MATCH YOUR DONATION AT WWW.DOUBLETHEDONATION.COM/AUTISMSPEAKS

IMPORTANT INFORMATION <ul style="list-style-type: none">✓ PLEASE MAKE ALL CHECKS PAYABLE TO AUTISM SPEAKS.✓ ALL DONATIONS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.✓ ALL DONATIONS ARE TAX DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW.✓ IN ORDER TO PROTECT YOUR CONTRIBUTION, PLEASE CONVERT CASH TO A MONEY ORDER OR CHECK.✓ INTERNATIONAL DONATIONS MUST BE MADE VIA CREDIT CARD ONLINE. WE DO NOT ACCEPT INTERNATIONAL CHECKS OR MONEY ORDERS.✓ DONATIONS WILL BE PROCESSED IN THE ORDER THEY ARE RECEIVED. ENTRY MAY TAKE UP TO 15 BUSINESS DAYS.
PLEASE MAIL THIS FORM WITH YOUR DONATION TO: AUTISM SPEAKS, 1060 STATE ROAD, SECOND FLOOR, PRINCETON, NJ 08540