



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 Acknowledgement 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 ACKNOWLEDGEMENT 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

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