### DONOR INFORMATION

- Individual Contribution
- Corporate Contribution

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

### RELATIONSHIP TO AUTISM

- I am the mother of a child with autism
- I am the father of a child with autism
- I have autism
- My grandchild/grandchildren have autism
- I work with or educate those touched by autism
- My family member has autism
- My friend’s family member has autism
- I personally do not know anyone with autism

### PAYMENT INFORMATION

- $500
- $250
- $100
- $50
- $25
- Other $ __________________________

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<th>Check (payable to Autism Speaks)</th>
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**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.

Donations cannot be split amongst participants or teams.

To protect your contribution, if possible please convert cash to a money order or check.

Please mail this donation form and your check by USPS. Not via FedEx or other delivery methods.

**Please mail this form with your donation to:**

Autism Speaks

P.O. Box 199

Rocky Hill, NJ 08553-0199

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