DONOR INFORMATION

- Individual Contribution
- Corporate Contribution

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

RELATIONSHIP TO AUTISM
(SELECT ONE)
- 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 $ __________________________

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.
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!