## DONOR INFORMATION

- **Individual Contribution**
- **Corporate Contribution**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>First Name / Last Name</th>
<th>Email</th>
<th>Address</th>
<th>City / State / Zip</th>
<th>Preferred Phone</th>
</tr>
</thead>
</table>

## 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)
- 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!*