### DONOR INFORMATION

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Company Name</td>
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<tr>
<td>First Name / Last Name</td>
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<tr>
<td>Email</td>
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<td>Address</td>
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<td>City / State / Zip</td>
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<tr>
<td>Preferred Phone</td>
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### 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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<thead>
<tr>
<th>Payment Type</th>
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<tbody>
<tr>
<td>Check (payable to Autism Speaks)</td>
<td>Check #: _______________</td>
</tr>
<tr>
<td>Cash</td>
<td>Check Date: _______________</td>
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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!*