### DONATION FORM

#### 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 autismspeaks.org/matchinggifts*

#### 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!*