### 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

- 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: ____________________________

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Check #:</th>
<th>Check Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (payable to Autism Speaks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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!*

Rita Cancelliere
4625121