### 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

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**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.

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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!