# DONATION FORM

3424 / 2020 Fundraise Your Way
roberto L mendez
4634811

## DONOR INFORMATION

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

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

<table>
<thead>
<tr>
<th>Payment Type</th>
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<tbody>
<tr>
<td>Check (payable to Autism Speaks)</td>
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<tr>
<td>Check #: ____________________ Check Date: ________________</td>
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<table>
<thead>
<tr>
<th>Cash</th>
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*Double your donation. Find out if your company will match your donation at [autismspeaks.org/matchinggifts](http://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!*