# DONATION FORM

## 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

**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!**