## DONATION FORM

**3424 / 2020 Fundraise Your Way**

Olivia Ames

4960475

### DONOR INFORMATION

- [ ] Individual Contribution
- [ ] Corporate Contribution

<table>
<thead>
<tr>
<th>Company Name</th>
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</thead>
<tbody>
<tr>
<td>[ ] First Name / Last Name</td>
</tr>
<tr>
<td>[ ] Email</td>
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<tr>
<td>[ ] Address</td>
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<tr>
<td>[ ] City / State / Zip</td>
</tr>
<tr>
<td>[ ] Preferred Phone</td>
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</tbody>
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### 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!*