# DONATION FORM

## DONOR INFORMATION

- Individual Contribution
- Corporate Contribution

### DONOR INFORMATION

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