# DONATION FORM

**3424 / 2020 Fundraise Your Way**  
Jamison Halliday  
5287379

## 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!*