### 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>
<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 $ ____________

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Check #:</th>
<th>Check Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (payable to Autism Speaks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
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<td></td>
</tr>
</tbody>
</table>

*Double your donation. Find out if your company will match your donation at doublethedonation.com/autismspeaks*

### 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!*