DONOR INFORMATION

- Individual Contribution
- Corporate Contribution

Company Name:

First Name / Last Name:

Email:

Address:

City / State / Zip:

Preferred Phone:

RELATIONSHIP TO AUTISM

- 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 doublethedonation.com/autismspeaks

IMPORTANT INFORMATION:

Please make all checks payable to Autism Speaks.

All donations are tax deductible to the fullest extent allowed by U.S. law.

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!