### DONOR INFORMATION

- [ ] Individual Contribution
- [ ] Corporate Contribution

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td></td>
</tr>
<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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### 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>Details</th>
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<tbody>
<tr>
<td>Check</td>
<td>(payable to Autism Speaks)</td>
</tr>
<tr>
<td>Check #:</td>
<td>Check Date: ______________________________</td>
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<tr>
<td>Cash</td>
<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.
- 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!*