### DONATION FORM

**3424 / 2020 Fundraise Your Way**  
Mary Catherine Bracali  
5371335

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#### 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>
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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 (payable to Autism Speaks)</th>
<th>Check #:</th>
<th>Check Date:</th>
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<td>Check</td>
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<tr>
<td>Cash</td>
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*Double your donation. Find out if your company will match your donation at doublethedonation.com/autismspeaks*

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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!*