**DONATION FORM**

3424 / 2020 Fundraise Your Way
Mackenzie Dunlap
5372673

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**DONOR INFORMATION**

- [ ] Individual Contribution
- [ ] Corporate Contribution

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Company Name</td>
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<td>First Name / Last Name</td>
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<td>Preferred Phone</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 $ _____________________________

**Payment Type:**

- [ ] Check *(payable to Autism Speaks)*
  - Check #: ______________
  - Check Date: ______________
- [ ] Cash

*Double your donation. Find out if your company will match your donation at autismspeaks.org/matchinggifts*

**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!*