DONATION FORM

DONOR INFORMATION

Company Name
First Name / Last Name
Email
Address
City / State / Zip
Preferred Phone

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!