**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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<tr>
<td>First Name / Last Name</td>
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<td>Email</td>
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<tr>
<td>Address</td>
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<td>City / State / Zip</td>
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<tr>
<td>Preferred Phone</td>
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</table>

**PAYMENT INFORMATION**

- $500
- $250
- $100
- $50
- $25
- Other $ __________

**Payment Type:**
- Check (payable to Autism Speaks)
- Cash

**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

**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.

**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!*