**DONOR INFORMATION**

- **Individual Contribution**
- **Corporate Contribution**

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**RELATIONSHIP TO AUTISM**

- **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.*

**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!*

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**DONATION FORM**

3424 / 2020 Fundraise Your Way  
Goddard School Rocklin  
5408413