**DONOR INFORMATION**

- [ ] Individual Contribution
- [ ] Corporate Contribution

<table>
<thead>
<tr>
<th>Company Name</th>
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<tbody>
<tr>
<td>First Name / Last Name</td>
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<td>Email</td>
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<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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</tbody>
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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)*
- [ ] Cash

Check #: ____________  
Check Date: ____________

**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!