**DONOR INFORMATION**

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

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<td>City / State / Zip</td>
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<tr>
<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 $ __________________________

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<td>Cash</td>
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**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!*