DONATION FORM

TeamUp Your Way

April Taft

6316841

DONOR INFORMATION ☐ Individual contribution ☐ Corporate contribution

FIRST NAME / LAST NAME _____

COMPANY NAME _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED PHONE _____

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
☐ My family member has autism
☐ My friend's family member has autism
☐ I work with or educate people with autism
☐ I personally do not know anyone with autism

PAYMENT INFORMATION

☐ $500 ☐ $250 ☐ $100 ☐ $50 ☐ $25 ☐ OTHER $_____

☐ CHECK (*Payable to Autism Speaks*) Check date _____

☐ MONEY ORDER

Double your donation. Find out if your company will match your donation at *autismspeaks.org/matchinggifts*

IMPORTANT INFORMATION:

Please make checks payable to ***Autism Speaks***.
Donations cannot be split amongst participants or teams.
To protect your contribution, please do not mail cash.
Please mail this donation form and your check or money order 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 mailed to you. Thank you for your support!