



DONATION FORM

2025 Autism Speaks Potomac 5K

Troy Sivak

6543893

DONOR INFORMATION

☐ Individual contribution

☐ Corporate contribution

FIRST NAME / LAST NAME _____

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ADDRESS _____

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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

☐ 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!