



DONATION FORM

Long Island Empower Walk & 5K Run

Joanne Williams

6602511

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!