DONATION FORM

GENERAL DONATION

DONOR INFORMATION

☐ INDIVIDUAL CONTRIBUTION ☐ CORPORATE CONTRIBUTION

Company Name

First Name / Last 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

☐ I WORK WITH OR EDUCATE THOSE TOUCHED BY AUTISM ☐ MY FRIENDS FAMILY ☐ I DO NOT PERSONALLY KNOW ANYONE TOUCHED BY AUTISM

PAYMENT INFORMATION

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

PAYMENT TYPE

CHECK #:_____ CHECK DATE:_____

PLEASE MAKE CHECKS PAYABLE TO AUTISM SPEAKS

☐ CASH ENCLOSED

DOUBLE YOUR DONATION

FIND OUT IF YOUR COMPANY WILL MATCH YOUR DONATION AT WWW.DOUBLETHEDONATION.COM/AUTISMSPEAKS

IMPORTANT INFORMATION

- ✔ PLEASE MAKE ALL CHECKS PAYABLE TO **AUTISM SPEAKS** AND WRITE THE **SUPPORTER ID** NUMBER ON THE MEMO LINE.
- ✔ ALL DONATIONS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.
- ✔ ALL DONATIONS ARE TAX DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW.
- ✔ DONATIONS CANNOT BE SPLIT AMONGST PARTICIPANTS OR TEAMS.
- ✔ IN ORDER TO PROTECT YOUR CONTRIBUTION, PLEASE CONVERT CASH TO A MONEY ORDER OR CHECK.
- ✔ INTERNATIONAL DONATIONS MUST BE MADE VIA CREDIT CARD ONLINE. WE DO NOT ACCEPT INTERNATIONAL CHECKS OR MONEY ORDERS.
- ✔ PLEASE MAIL THIS DONATION FORM AND YOUR CHECK BY **USPS**, NOT VIA FEDEX OR OTHER DELIVERY METHODS.
- ✔ DONATIONS WILL BE PROCESSED IN THE ORDER THEY ARE RECEIVED. ENTRY MAY TAKE UP TO 15 BUSINESS DAYS.

PLEASE MAIL THIS FORM WITH YOUR DONATION TO:

AUTISM SPEAKS, 1060 STATE ROAD, SECOND FLOOR, PRINCETON, NJ 08540