



SERVING CHILDREN AND FAMILIES WITH AUTISM

DONATION FORM

Thank you for your support! Your donation will fund autism programs, education, research, and help families who need assistance in caring for their children with autism.

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

YES! I WANT TO SUPPORT AUTISM ALLIES AND ITS MISSION.

Enclosed is my gift of:

- \$2,500 \$250
 \$1,000 \$100
 \$500 \$50 Other \$_____

Please mail this completed form along with your check or money order to:

Autism Allies
2400 Prairie View Lane
Buffalo, MN 55313-2450

Autism Allies is a nonprofit 501(c)(3) organization. Donations are tax-deductible to the extent allowed by law.

THANK YOU FOR YOUR DONATION!