



Participant's Name: _____

Support Id: _____

Event Id: _____

I Support You In Every Step Of The Way!
Please print clearly in the spaces provided below.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Would you like to be included on our mailing list: _____ Yes _____ No

Please mark the line corresponding to your donation commitment:

- | | |
|--|--|
| <input type="checkbox"/> Honorary Pledge \$1,000 | <input type="checkbox"/> Encouragement \$100 |
| <input type="checkbox"/> Commitment \$500 | <input type="checkbox"/> Spirit \$20 |
| <input type="checkbox"/> Inspiration \$250 | <input type="checkbox"/> Heart (Other Amount) |

If Other: _____

Please write participants name on your check. Make checks payable to AutismRadio.

Credit Card: _____ Amount: \$ _____

Credit Card #: _____

Expiration date: _____ C.I.D. (On back of card) _____

Authorizing Signature: _____

Card Type: Visa Mastercard American Express Discover

PLEASE MAIL ALL DONATIONS TO:
AutismRadio, 359 Berkshire Valley Rd. Wharton, NJ 07885
Or turn in your forms and donations with your check in envelope at the event

Donation Receipt:

Please retain the bottom portion of this form for your tax records. Thank you for supporting AutismRadio. AutismRadio is committed to promoting and funding research with direct clinical implications for treatment and a cure for autism. With Your Support, we are one step closer!

Donations are tax deductible to the fullest extent allowed by law. 501c3 Pending.

Donation Amount: \$ _____ Date: _____ Check _____ Credit Card _____