



Participant's Name _____

Supporter Id _____

Walk Name _____

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: _____

Email: _____

Would you like to be included on our mailing list? _____ YES _____ NO

Please mark the line corresponding to your donation commitment:

____ HONORARY PLEDGE \$1,000 ____ ENCOURAGEMENT \$100

____ COMMITMENT \$500 ____ SPIRIT \$50

____ INSPIRATION \$250 ____ HEART (OTHER AMOUNT)

If other: \$ _____

Please choose one form of payment:

____ **Check** Check # _____ Check Date: _____

Please write the participants name on your check. Make checks payable to **Autism Speaks.**

____ **Credit Card** Amount: \$ _____

Credit Card Number: _____

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

Authorization Signature _____

Card Type: _____ Visa _____ Mastercard _____ American Express _____ Discover

PLEASE MAIL ALL DONATIONS TO:

Autism Speaks, 5455 Wilshire Blvd, Ste 2250, Los Angeles, CA. 90036-4272
or turn in forms and donations with your check-in envelope at the Walk Now For Autism event.

Donation Receipt

Please retain the bottom portion of this form for your tax records. Thank you for supporting the Walk Now for Autism participant and Autism Speaks. Autism Speaks 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. 501 (C) Number: 20-2329938

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