



Date: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

I'm donating through:  Check  Credit Card

*If donating by credit card:*

Visa Name on the card: \_\_\_\_\_  
 Mastercard Card Number: \_\_\_\_\_  
 American Express Expiration Date: \_\_\_\_\_  
 Discover Signature: \_\_\_\_\_

Is this gift:  A general donation  In honor of someone  In memory of someone

*(If applicable)* This gift is in honor/memory of: \_\_\_\_\_

Please notify: \_\_\_\_\_ about this donation.

The address this notification should be sent to is:

\_\_\_\_\_  
\_\_\_\_\_

Message to be included with this gift:

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your donation. Please mail this form and check, if applicable, to:

Autism Society  
6110 Executive Blvd, Suite 305  
Rockville, MD 20852