



Membership / Donation Form

When you become a member of the Autism Society, you join a **national movement** committed to ensuring all individuals have the support they need to live fully.

Membership benefits include:

- Access to a **community** that provides connection and information to families living with Autism.
- Valuable resource **information and advocacy** for Autism-related issues.
- Access to exclusive giveaways and promotions . . . **and more!**

Annual Membership Levels:

- \$40 – Household \$75 – Champion \$1,500 – Lifetime
 \$50 – International \$150 – Professional

Donation Levels:

- \$25 \$50 \$100 \$500 \$1,500 Other _____
 One-Time Donation Recurring Monthly Gift

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

(By providing your e-mail, you will receive our e-newsletter. Your e-mail will be kept confidential.)

Payment Information

- Check American Express Discover Mastercard Visa

Total Amount*: _____

Name on Card: _____

Card #: _____ CCV: _____ Expiration: _____

Signature: _____

*(Your donation is tax deductible to the extent allowable under the law. Please make checks payable to: Autism Society of America.)

To join, please return the attached form. **Thank you for your support!**

You may contact us with any questions at 800.328.8476 or development@autismsociety.org

Please mail or fax to:

Autism Society of America
 6110 Executive Blvd, Ste 305
 Rockville, MD 20852
 Fax: 240.744.0545