



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 Speaks event.

Donation Receipt

Please retain the bottom portion of this form for your tax records. Thank you for supporting the Walk Now for Autism Speaks 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