

**PRINT & SEND DONATION FORM**

Please mail your tax-deductible donation with this form to:

Autism Society of Wisconsin  
1477 Kenwood Drive  
Menasha, WI 54952



**Donor Information**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Address Information**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Yes, I would like to receive online communications from the Autism Society of Wisconsin

**Gift Amount (please check one)**

\$500     \$250     \$100     \$50     Other Amount

**Payment Options**

Check enclosed     I would like to charge my contribution

Card Type: \_\_\_\_\_ Card Number \_\_\_\_\_

Card Exp (MM/YY): \_\_\_\_\_ CVV: \_\_\_\_\_ Signature \_\_\_\_\_

**Honor/Memorial Gifts**

If you would like to make this contribution in someone else's honor, please let us know the honoree's name in the space below. If you would also like us to send them an acknowledgement, please include their address.

**Honoree Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Honoree Address Information**

Address \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Honoree Message**

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**Thank you for your help!**

Autism Society of Wisconsin

1477 Kenwood Dr., Menasha, WI 54952 | 920-558-4602 | www.asw4autism.org