



DATE: \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my tax-deductible gift of \$ \_\_\_\_\_

I'm donating through:  Check  Credit Card

*If donating by credit card.*

VISA  Mastercard  American Express  Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

I would like my donation applied toward:

- General Donation
- In honor of someone
- In memory of someone
- Major Gift Campaign [Family Center]

3308 State Street Erie PA 16508 | (84) 455-3540 | [info@autismnwpa.org](mailto:info@autismnwpa.org) | [autismnwpa.org](http://autismnwpa.org)

Autism Society Northwestern Pennsylvania is a non-profit organization exempt from Federal tax under section 501c (3) of the Internal Revenue Code. "The official registration and financial information of Autism Society - Northwestern Pennsylvania may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania (800) 732-0999. Registration does not imply endorsement."



*(if applicable)* This gift is in honor/memory of:

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Please notify:

The address this notification should be sent to is:

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Message to be included with this gift:

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

Autism Society Northwestern Pennsylvania

3308 State Street

Erie, PA 16508

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