



Donation Form

Name of Organization: _____

Contact Person: _____

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

Walk for Autism Representative: (Team Name or City)

Please Mail or Fax by May 1st to:

Make checks payable to: Autism Society of Alabama
4260 Cahaba Heights Court Suite 188 Birmingham, AL 35243

Fax: : 205-972-8395 Phone: 205-383-1673

Tax ID # 74-3099595

To pay by Credit Card:

Card # _____ Exp: _____ CSV: _____ Zip: Code _____