

OFFICIAL INDIVIDUAL DONATION TRACKER



Participant Name: _____
 Team Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Phone Number: () _____
 Email Address: _____
 Walk/Race Location: _____

MAIL FORM & CONTRIBUTIONS TO:
 Autism Walk
 4260 Cahaba Heights Court Suite 188
 Birmingham, AL 35243
*Make checks payable to
 Autism Society of Alabama*

Sponsor Name	Mailing Address	City, ST, Zip	Phone #	Email Address	Contribution	Total Amount Paid

Total Amt. Received:
 \$