



Autism Support of Alabama

Date: _____

Name: _____

Address: _____

Email: _____

Phone: _____

Amount of Donation Enclosed: _____

Would you like for this donation to be recognized publicly? **YES** **NO**

Is this an anonymous donation? **YES** **NO**

Are you making this donation as a tribute to someone? **YES** **NO** If YES, please complete below:

This donation is (Circle one): **In Honor of** **A Memorial To** **A Tribute To**

Tribute Information:

| Name | Send Recognition to: | Comments/ Instructions |
|------|----------------------|------------------------|
| | | |

Autism Support of Alabama relies on generous donors like you to continue the mission of improving the lives of those living with autism throughout the state of Alabama through education and advocacy. Thank you for your support and partnership!

Please include this form with your donation and mail to:

**Autism Support of Alabama
P.O. Box 661304
Birmingham, AL 35266**

If you have any questions, please call 1-877-4AUTISM or email info@autism-alabama.org