



# The Center for Autism

BETTER OUTCOMES FOR LIFE

## ONLINE DONATION FORM

### Donor Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**I/We want to make a donation to The Center for Autism in the amount of**

**\$ \_\_\_\_\_**

### Payment Method:

Enclosed please find a check in the amount of \$ \_\_\_\_\_  
(Please make checks payable to The Center for Autism)

Please charge the amount of \$ \_\_\_\_\_  
to my:      \_\_\_ VISA      \_\_\_ MasterCard      \_\_\_ American Express

Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorizing signature: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this completed form to:  
The Center for Autism  
Attn: Development Department  
3905 Ford Road, Suite 6  
Philadelphia, PA 19131

Questions? Call 484-567-3307

*The Center for Autism is a registered charitable organization. A copy of the official registration and financial information may be obtained directly from the Center for Autism or from the Pennsylvania Department of State by calling toll free 1-800-732-0999. Registration does not imply endorsement.*