



# FAMILIES OF AUTISM COMING TOGETHER

*Because People with Autism are People First*

## Donation Form

### Donor Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Pledge Information:

I (We) wish to make a gift of \$ \_\_\_\_\_ in the form of:

Check (*Make payable to: FACT; send to address below*)  Credit Card (*Provide info below*)

Name on Card: _____	Card Type: _____
Card Number: _____	CID Code: _____ Exp. Date: _____

Gift will be matched by (*company/family/foundation*): \_\_\_\_\_

Form enclosed  Form will be forwarded

Donation is:  Unrestricted  Restricted to: \_\_\_\_\_

### Acknowledgment

Families of Autism Coming Together may acknowledge my commitment on the:

- Autism Resource Center Mural (*for donations of \$10,000 or more*)  Yes  No
- Autism Resource Center Donor Boards (*for donations of \$2,500 or more*)  Yes  No
- Autism Resource Center Contributor's List (*for all donors*)  Yes  No

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

*Families of Autism Coming Together is a 501(c)(3) non-profit organization. All gifts are tax-deductible as provided by law.*

***Thank you for your support. For more information about our capital campaign, major naming right opportunities, or payment methods, please contact Tyler@FACT4Autism.com. For all other inquiries, email info@FACT4Autism.com.***

***\*Protect your financial information. Do not fax or email this form.\****