Carson Posliff

Participant's Name

9704

Supporter ID

526

Event ID

I SUPPORT YOU IN EVERY STEP OF THE WAY!

Please print clearly in the spaces provided below.

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Email: _____

Would you like to be included on our mailing list? _____ YES _____ NO

Please mark the line corresponding to your donation commitment:

_____ HONORARY PLEDGE $1,000

_____ ENCOURAGEMENT $100

_____ COMMITMENT $500

_____ SPIRIT $50

_____ INSPIRATION $250

_____ HEART (OTHER AMOUNT)

If other: $ _____

Please choose one form of payment:

_____ **Cheque** Cheque Number: _____ Cheque Date: _____

Please write the participant's name on your cheque. Make cheque payable to **Autism Speaks Canada**.

_____ **Credit Card** Credit Card Number: _____ Amount: _____

Expiration: _____ C.I.D. (on back of card) _____

Authorization Signature: _____

Card Type: _____ Visa _____ Mastercard _____ American Express

PLEASE MAIL ALL DONATIONS TO:

Autism Speaks Canada, 5401 Eglinton Avenue West, Suite 115, Toronto, ON M9C 5K6

Or turn in forms and donations with your check-in envelope at the Walk Now for Autism Event.

Donation Confirmation

Please retain the bottom portion of this form for your personal records. This is not an official tax receipt. An official tax receipt will be mailed to you. Thank you for supporting the Walk Now for Autism participant and Autism Speaks Canada. Autism Speaks Canada is committed to promoting and funding research with direct clinical implications for treatment and a cure for autism. With your support we are one step closer!

Donations are tax deductible to the fullest extent allowed by law. Charitable registration # 869420208 RR 0001

Donation Amount: $ _____ Date: _____ _____ Cheque _____ Credit Card