

# Autism Society of Southeastern Wisconsin (ASSEW) Donation Form

Please mail this form and your check or credit card information to:

**ASSEW**  
**9733 W. St. Martins Road**  
**Franklin, WI 53132**

Please PRINT all information clearly

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

Here is my **tax-deductible** contribution of:

\$ \_\_\_\_\_       \$500       \$250       \$100       \$50       \$25

My check is enclosed

Please charge my credit card using the information provided below: (\$50 minimum, please)

Master Card       Visa

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration date: \_\_\_\_/\_\_\_\_

Donation in honor/remembrance: \_\_\_\_\_

Send acknowledgement to: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_      email: \_\_\_\_\_

**We thank you for your Support!**