



**Autism Society of Southeastern Wisconsin  
Donation Form**

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

**Autism Society of SE WI  
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:

Master Card       Visa

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

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

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

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

Home phone: (\_\_\_\_) \_\_\_\_\_      Email: \_\_\_\_\_

This donation is in Honor of: \_\_\_\_\_ (name)

This donation is in Memory of: \_\_\_\_\_ (name)

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

*Contributions to the Autism Society of Southeastern Wisconsin are tax deductible.  
**THANK YOU FOR YOUR SUPPORT!**  
Federal tax id: 39-1708201*

**Autism Society of SE WI, 9733 W. St. Martins Road, Franklin, WI 53132**  
*Telephone: 414-427-9345      Fax: 888-280-1844      email: info@assew.org*