



*Improving the Lives of All Affected by Autism*

*Southeastern Wisconsin*

Autism Society of Southeastern Wisconsin

Donation Form

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

Autism Society of SE WI  
3720 N 124th Street, Suite O  
Wauwatosa, WI 53222

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 Expiration date: \_\_\_\_/\_\_\_\_

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVV#: \_\_\_\_\_

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

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

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

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

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

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

Send acknowledgment to: \_\_\_\_\_ (name)

\_\_\_\_\_ (address)

*Contributions to the Autism Society of Southeastern Wisconsin are tax deductible.*

**THANK YOU FOR YOUR SUPPORT!**

*Federal tax id: 39-1708201*

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