

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

**Autism United of Wisconsin**  
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 United of Wisconsin are tax deductible.*

**THANK YOU FOR YOUR SUPPORT!**

*Federal tax id: 39-1708201*