

## AuSM Donation Form

Donor Name (first name, last name) \_\_\_\_\_

Donor Organization (if applicable) \_\_\_\_\_

Donor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Reason(s) for Donation \_\_\_\_\_

### I would like my donation to fund:

\_\_\_ Lending Library \_\_\_ Information and Resources \_\_\_ Advocacy \_\_\_ Training

\_\_\_ Summer Camps \_\_\_ Education \_\_\_ Outreach \_\_\_ Parent Scholarships

\_\_\_ Social Skills Classes \_\_\_ General Services

\_\_\_ Other (Please List): \_\_\_\_\_

**Donation Amount:** \$ \_\_\_\_\_

### Payment:

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card:  Visa  MasterCard  Discover

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Please list name as it reads on card: \_\_\_\_\_

**Return this form with donation to:** Autism Society of Minnesota  
2380 Wycliff St., #102, St. Paul, MN 55114, Fax: 651.642.1230

**Your generous donations and support help create brighter futures for individuals with autism in Minnesota. Your contributions fund a variety of programs and services that connect our community. Thank you.**

**childhood** ✚ **adolescence** ✚ **transition** ✚ **adulthood**

2380 Wycliff St. #102 • St. Paul, MN 55114

Phone: 651.647.1083 • Fax: 651.642.1230 • Website: [www.ausm.org](http://www.ausm.org) • E-mail: [info@ausm.org](mailto:info@ausm.org)