



The Amoroso Family

Participant's Name

251935570

Supporter Id

329690

Event Id

I SUPPORT YOU IN EVERY STEP OF THE WAY!

Please print clearly in the spaces provided below.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to be included on our mailing list? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please mark the line corresponding to your donation commitment:

\_\_\_\_\_ HONORARY \$1,000 \_\_\_\_\_ ENCOURAGEMENT \$100

\_\_\_\_\_ COMMITMENT \$500 \_\_\_\_\_ SPIRIT \$50

\_\_\_\_\_ INSPIRATION \$250 \_\_\_\_\_ HEART (OTHER AMOUNT)

If other: \$ \_\_\_\_\_

Please choose one form of payment:

\_\_\_\_\_ Check Check # \_\_\_\_\_ Check Date: \_\_\_\_\_

Please write the participants name on your check. Make checks payable to Autism Speaks.

\_\_\_\_\_ Credit Card Amount: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ C.I.D. (on back of card): \_\_\_\_\_

Authorization Signature \_\_\_\_\_

Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Discover



Donation Receipt

Please retain the bottom portion of this form for your tax records. Thank you for supporting the Walk Now for Autism Speaks participant and Autism Speaks. Autism Speaks is committed to promoting and funding research with direct clinical implications for treatment and a cure for autism. With your support, we are one step closer!

Donations are tax deductible to the fullest extent allowed by law. 501 (C) Number: 20-2329938

Donation Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

Make checks payable to Autism Speaks

Mail to: Todd Amoroso – P.O. Box 146 – Plantsville – CT 06479