DONATION FORM

Send your tax-free donations to:

Face Autism, Inc.
5610 74th Place E.
Ellenton, FL 34222

www.face-autism.org

face™ autism, inc.

Instruction:

Please fill this form out completely and legibly to avoid processing delays. A donation form must accompany each donation check. One check per donation form. All donations are tax deductible to the extent allowed by law.

Mission Statement

Face Autism, Inc. is committed to providing activities, parent education, resources, support and funding for families of children with autism in order to significantly improve and maintain balanced quality of life.

Not for-profit organization, 501(c)(3)
A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll FREE within the state 1-800-HELP-FLA. Registration does not imply endorsement, approval, or recommendation by the state.

PLEASE PRINT YOUR NAME CLEARLY:

First Name

Last Name

Company Name (For Business Donations Only)

Mailing Street Address

Suite / Apt No.

Phone (Mandatory for Credit and Debit Payment)

City

State

Zip Code

Email Address: _____