

Participant's Name
304643982
Supporter Id
347396
Event Id

## I SUPPORT YOU IN EVERY STEP OF THE WAY!

**Bruce Blue** 

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 m	nailing list?YES	NO		
Please mark the line corresponding	to your donation comm	itment:		
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 N	Mastercard Ar	merican Express	Discover	
Autism Speaks, 5 or turn in forms and donations	PLEASE MAIL ALL DONATION 455 Wilshire Blvd, Ste 2250, Los with your check-in envelope at	s Angeles, CA. 90036-42 the Walk Now for Autism	Speaks event.	
Donation Receipt Please retain the bottom portion of this form for y Autism Speaks. Autism Speaks is committed to p autism. With your support, we are one step close	our tax records. Thank you for spromoting and funding research	supporting the Walk Now	for Autism Speaks participant and	
Donations are tax deductible to the fullest extent	allowed by law. 501 (C) Numbe	r: 20-2329938		
Donation Amount: \$	Date:	0	Credit Card	