

Your gift, no matter its size, will make an impact on the lives of individuals with autism spectrum disorder in North Carolina.

My gift is:

In honor of _____

On the occasion of _____

In memory of _____

Please send an acknowledgement to:

Name _____

Address _____

City, State, Zip _____

Please contact me about volunteer activities at the Autism Society of North Carolina. Call (800) 442-2762 or visit our website www.autismsociety-nc.org to learn more.

**Please accept my donation of \$ _____
to the Autism Society of North Carolina.**

FORM OF PAYMENT:

Check Enclosed (*make check payable to ASNC*)

Credit Card

Visa Mastercard Discover American Express

Card # _____

Expiration Date _____ Security Code _____

Signature _____

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

**I would like to make a pledge of \$ _____
to the Autism Society of North Carolina.**

I will make this payment Monthly Quarterly Other

Enclosed is \$ _____ toward my pledge.

FORM OF PAYMENT:

Check Enclosed (*make check payable to ASNC*)

Credit Card

Visa Mastercard Discover American Express

Card # _____

Expiration Date _____ Security Code _____

Signature _____

Bank Draft (please attach a voided check)

Start date for pledge: _____ 1st of month 15th of month

Send us your company's matching gift form and we will apply for matching funds.

Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 1-888-830-4989. The license is not an endorsement by the State.