Autism Society of NORTH CAROLINA

Donation Form

Please mail the bottom of this form with your donation to:

Autism Society of North Carolina
Attn: Donations Coordinator
5121 Kingdom Way, Suite 100
Raleigh, NC 27607

Your gift to the Autism Society of North Carolina improves lives, supports families, and educates communities. The Autism Society of North Carolina has stood by individuals and families affected by autism for nearly 50 years. Together, we can help individuals with autism build fulfilling lives and contribute to their communities through their unique gifts.

Donate online: www.autismsociety-nc.org
Donate by phone: 919-865-5056

Matching gifts
Check whether your company has a matching program. Ask your human resources department or go to *https://doublethedonation.com/autismsocietyofnc*. Check with your HR department about how to submit your matching request. Paper verification forms can be mailed to us.

For mailed donations, please fill this form out completely and legibly to avoid processing delays.

Your gift is tax-deductible to the extent allowed by the law. Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch or 1-886-830-4989. The license is not an endorsement by the state.

Donor contact information

❑ Individual contribution ❑ Corporate contribution

First name _____ middle initial _____ last name _____ company _____

Mailing street address _____

City _____ state _____ ZIP _____

Telephone number _____ Email address _____

Donation information

Amount:

❑ $5,000 ❑ $2,500 ❑ $1,700 ❑ $1,000 ❑ $500 ❑ $250 ❑ $100 Other _____

I'd like for my gift to be a monthly gift of $ _____ beginning _____

My company will match my gift! Company name: _____

❑ Please contact me about how I can make a gift of stock.

❑ Please contact me with information about planned giving.

Method of payment:

❑ Check *(Please make payable to ASNC)*

❑ Credit card

Type: ❑ VISA ❑ MASTERCARD ❑ AMEX ❑ DISCOVER

Name (as it appears on card) _____

Credit card number _____

Expiration date _____ Security code _____

Signature _____

Tribute card information

In ❑ Honor ❑ Memory *(check one)*

In honor/memory of name: _____

Mailing street address _____

City _____ state _____ ZIP _____

How your name should appear on the tribute card
(e.g. Mrs. Smith, Smith & Co., Smith Family) _____

❑ Check if you do not want a card sent to the recipient