

## **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.

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## 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

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
Mailing street address  City state ZIP  Telephone number Email address  Donation information  Amount:    \$5,000
Telephone number
Telephone number
Donation information  Amount:    \$5,000
Amount:    \$5,000
\$5,000
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  In honor/memory of 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 □ Credit card □ VISA □ MASTERCARD □ AMEX □ DISCOVER □ In honor/memory of name:
□ Please contact me with information about planned giving.  Method of payment: □ Check (Please make payable to ASNC) □ Credit card □ Type: □ VISA □ MASTERCARD □ AMEX □ DISCOVER  In honor/memory of name:
Method of payment:  Check (Please make payable to ASNC)  Credit card  Type: VISA MASTERCARD  AMEX DISCOVER  Tribute card information  In Honor Memory (check one)  In honor/memory of name:
□ Check (Please make payable to ASNC) □ Credit card  Type: □ VISA □ MASTERCARD □ AMEX □ DISCOVER  Tribute card information In □ Honor □ Memory (check one) In honor/memory of name:
Type: USA UNISA UNISCOVER  In Honor Memory (check one)  In honor/memory of name:
Type: UVISA MASTERCARD  AMEX DISCOVER In honor/memory of name:
AMEX DISCOVER In honor/memory of name:
TAINEX TO DISCOVER
Mailing stroot address
Name (as it appears on card)  Mailing street address
Credit card number City state ZIP
Expiration date  Security code  How your name should appear on the tribute card (e.g. Mrs. Smith, Smith & Co., Smith Family)
Signature ☐ Check if you do not want a card sent to the recipient