



OFFLINE DONATION FORM

My Pledge is Sponsoring (walker or team name): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Enclosed is my check no: _____ amount: _____

Please make check(s) payable to: **Autism Research Institute**

OR

Please charge \$ _____ to my: Visa MasterCard Amex Discover

Credit Card Account Number: _____

Name (As it appears on credit card): _____

Card Security Code: _____ Expiration Date: ____/____/____

(Usually the 3-4 digits on the security panel)

The address above must match the address that is associated with your credit card.

Please add me to your mailing list Please do not add me to your email list

Please mail this form and your check (if applicable) to:

Autism Research Institute

4182 Adams Avenue

San Diego, CA 92116

Attention: Zoowalk for Autism Research

Autism Research Institute is a 501(c)(3) organization designated by the Internal Revenue Code.
All donations are tax-deductible. Federal ID 95-254-8452