



**Autism Support, Education & Resources**

A 501(C)(3) Non-Profit Organization

**Donor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Gift Amount**

\_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$100    \_\_\_\_\_ \$150    Other \$ \_\_\_\_\_

**Is This Gift in Memory of a Loved One or to Celebrate a Special Occasion?**

**Memorial Information**

This gift is in memory of: \_\_\_\_\_

Please send an acknowledgement of my gift to the person(s) listed below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Special Occasion Information**

This gift is in honor of: \_\_\_\_\_

To celebrate (special occasion): \_\_\_\_\_

Please send an acknowledgement of my gift to the person(s) listed below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please print this form and mail along with your check to:

SPECTRUM  
P.O. Box 3132  
Suwanee, GA 30024

**Thank you for your support!**