



Donation Form

Participant's Name: _____

Team Name: _____

Yes! I will make a contribution to help change the future for those with autism!

- SUPERHERO LEVEL: \$2500+
- WONDER WOMEN LEVEL: \$2500+
- SUPERMAN LEVEL: \$1000+
- SUPER GIRL LEVEL: \$500+
- SUPPORTER LEVEL: \$100+
- Other \$ _____

Please make your checks payable to “**National Foundation for Autism Research**” or “**NFAR**”. *We will mail your receipt to:*

Name: _____

Address: _____

City: _____ STATE: _____ ZIP: _____

Race for Autism is hosted by the
National Foundation for Autism Research
PO Box 502177
San Diego, CA 92150