



Donation Form

Participant's Name: _____

Team Name: _____

Yes! I will make a contribution to help change the future for autistic individuals!

- \$5000+
- \$2500+
- \$1000+
- \$500+
- \$100+
- Other \$ _____

Please make your checks payable to **"NFAR"** or **"National Foundation for Autism Research"**. *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