

# Autism Society of Berks County – Donation Coupon

Enclosed is my donation of \$ \_\_\_\_\_ made payable to **ASA Berks**.

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

Organization: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Would you like to receive a receipt for your donation? [  ] Yes [  ] No, my cancelled check will serve as my receipt.

This donation is being made for the following reason:

[  ] General Donation

[  ] Donation for the Walk for Autism Awareness

[  ] Donation raised at Autism Awareness Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

[  ] Donation made in memory of: \_\_\_\_\_  
(deceased's name)

Please send an acknowledgement to his/her family. Name and address of family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify if we may include your name/donation/event on our Facebook page and/or Twitter feed to publicly thank you for your generosity. [  ] Yes [  ] No

**Thank you for your support!**

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Send your contribution and coupon to: Autism Society of Berks County  
P.O. Box 6683, Wyomissing, PA 19610