



*Please print this form to mail with your gift to TACA*

Donation amount \*  \$25  \$30  \$50  \$100  \$250  \$500  \$1,000

Other amount \$ \_\_\_\_\_

I would like to make a recurring monthly donation

Company/Donor Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Check this box to join TACA's email list.

I would like to make this gift  in memory of  in honor of \_\_\_\_\_

For tribute gifts, please send a notification to the following: (email or postal address)

\_\_\_\_\_

### Payment Information

I prefer to make my donation by:

Check or money order payable to TACA

Credit card (information listed below)

Credit Card Information

(please circle one)



Credit Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ CID # \_\_\_\_\_

Signature \_\_\_\_\_

Please mail forms and gifts to:

**Talk About Curing Autism**

**2222 Martin Street, Ste 140 • Irvine, CA 92612**

Phone 949-640-4401

For more information please call 949-640-4401 or fax this form to (949) 640-4424.

Federal Tax ID# 27-0048002 [www.tacanow.org](http://www.tacanow.org)