

## **DONATION FORM**

Please type or print legibly and exactly as it should appear in official materials

Company/Donor Name:			
Contact Name:		Title:	
Mailing Address:			
City:	_ State:	Zip:	
Email:	Phone:	Fax:	
I would like to donate the following item(s):			
With the Fair Market Value of:  Does this donation have any conditions, restriction			
If yes, please explain:			
i	EASE CHECK C	)NE	
O DONATION IS ENCLOSED	O DONA	O DONATION WILL BE MAILED/ DELIVERED	
O DONATION NEEDS PICK UP	O PLEAS	O PLEASE CONTACT ME	
O I WOULD LIKE TO SUPPORT FAMILIES WI	TH AUTISM BY PROV	IDING A DONATION OF \$	
Signature:	Date:	Date:	
Donated items can be shipped to:	Please ei	Please email this form to jonathan.birt@tacanow.org	

TALK ABOUT CURING AUTISM

Ante Up For Autism (c/o Talk About Curing Autism)

Please mail certificate(s) or item(s) to the address

2222 Martin Street, Ste 140, Irvine, CA 92612

listed above prior to October 12, 2018.

2222 MARTIN STREET SUITE 140 - IRVINE, CA 92612

949-640-4401.

or fax this form to (949) 640-4424.

For more information please call Jonathan Birt at