



Donation Form

Fund Raiser: _____ Team: _____

Why I am participating: _____

My fundraising goal: \$ _____ This year's race will be held on _____

Please consider donating by returning this form and a check to the Fund Raiser, or by going online to www.Aut2Run.org and choosing to donate directly to their fundraising account. All donations are tax deductible to the full extent of the law. ASA Federal Tax ID 52-1020149

Donor's Name: _____ Phone: _____

Address: _____
Street City State Zip

Donated Amount: \$ _____ (___ Cash or ___ Check # _____) Date: _____

Thank you for donating!

Please complete the information above and submit with your donation to the Fund Raiser, or you can mail this form with a check made out to the Autism Society Ventura County: P.O. Box 1558, Camarillo, CA 93011 Credit card donations may be made online at www.Aut2Run.org on our Donate page where you can choose the Fund Raiser's name.

NOTE: For the Fund Raiser to receive credit at the event, we must receive all donations to our PO Box by March 25, or they can be hand-delivered to us the day of the event. For info: (805) 496-1632 or Admin@AutismVentura.org



Group Donation Form

Fund Raiser: _____ Team: _____

Why I am participating: _____

My fundraising goal: \$ _____

Please consider donating by signing your name below and including your cash or check made out to ASVC in the attached envelope, or to the Fund Raiser directly by _____. You can also make a credit card donation at www.Aut2Run.org and choosing to donate directly to their fundraising account. All donations are tax deductible to the full extent of the law. ASA Federal Tax ID 52-1020149

Donor's Name	Donor's Phone # or Email <i>(For use only by the Fund Raiser)</i>	Donation Amount <i>Please make checks out to ASVC and put the Fund Raiser's name on the Memo Line</i>	Donation Received <i>(Fund Raiser can check here)</i>
TOTALS			