



Fort 4 Autism

Please print this form and mail with your donation.

Donation Amount (circle one): \$25 \$50 \$75 \$100 \$150 \$250 \$500 \$1,000

Other amount _____

I would like to make a reoccurring monthly donation (circle one): Yes No

Donor / Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Payment Information

I prefer to make my donation by (circle one):

Check or money order payable to Fort 4 Autism

Credit card (information listed below)

Credit Card Information (circle one)



Credit Card Number: _____

Expiration: _____

CID #: _____

Signature: _____

Please mail forms and gifts to:

Fort 4 Autism, Inc.

4560 Keeneland Ln., # 304

Fort Wayne, IN

46845