



Autism Sharing & Parenting Inc.

Parents Empowering Parents to Help Their Children Evolve

Contribution Form

Donor Information (please print or type)

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City, State, Zip Code	
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Contribution Information

I/We are making a gift of general support to Autism Sharing & Parenting, Inc., in the amount of \$_____.

I/We plan to make this contribution in the form of:

- Money order (payable to Autism Sharing and Parenting, Inc.)
- Check (payable to Autism Sharing and Parenting, Inc.)

I/We would like to be added to the mailing list using the above:

- e-mail address
- home address

Upon Completion, mail this form to:

Autism Sharing and Parenting, Inc.
555 West Abbottsford Avenue
Philadelphia, PA 19144

Thank you for your gift.