

Ride For Autism



EST. 2005

Prize/Donation Form

5th Annual Ride For Autism 2009

Donor Information (please print or type)

Name	
Company Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	
Website	

Items Donated or Money Value \$ _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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Please mail this form and check (pay to: Ride For Autism) or donated item(s) to:

Ride For Autism P.O. Box 40346 Redford, MI 48239

Or contact Sal Ferra 248- 310-6651

THANK YOU FOR YOUR SUPPORT!

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