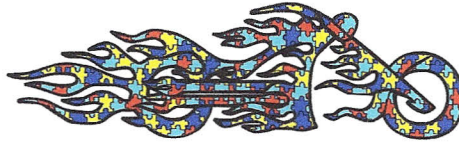


# Ride For Autism



## Ride For Autism of Michigan Donation Form

PLEASE PRINT

ONE ITEM PER FORM

Company or Organization Name: \_\_\_\_\_

Donor's name as it should appear in any publications and on signage at the event (if different than above): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send me an invitation

Please add me to your mailing list

Donated Item: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_

Restrictions that may apply: \_\_\_\_\_

Does the item accompany this form?  Yes  No If no, item pick-up date: \_\_\_\_\_

Please include any brochures, photos or information that will help promote your donation.

\_\_\_\_\_ Date: \_\_\_\_\_

Committee Member Signature

**Thank you  
for your support!**