

I AM READY TO GO THE DISTANCE FOR AUTISM!



THIS DONATION IS IN SUPPORT OF:

Participant Name: _____

Team Name: _____

Program (Please Circle One):



Donor Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Note: This information will not be shared with outside partners. We will only contact you about your donation if needed.

Email Address: _____

Phone Number: _____

Donation Information

Please make checks payable to participant's designated program and return with completed form to the appropriate address (below).

Name (as it should appear on participant's page): _____

Check here if you would like your donation to be anonymous

Enclosed is my check in the amount of \$_____.

**ALPINE LEARNING
GROUP FOUNDATION**
777 Paramus Road
Paramus, NJ 07652

EPIC FOUNDATION
238 Fairview Ave
Paramus, NJ 07652

**REED FOUNDATION
FOR AUTISM**
25 Potash Road
Oakland, NJ 07436

**If participant is supporting
all three programs, make
check payable to REED
Foundation for Autism.**