I AM READY TO GO THE DISTANCE FOR AUTISM!



all three programs, make

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Participant Name: _				
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Email Address:	-			
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Donation Informa	tion			
Please make checks	payable to partici	pant's designat	ed program a	and
return with complet				
Name (as it should a				
Enclosed is my chec	k in the amount of	f\$		
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FOR AUTISM

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GROUP FOUNDATION

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