I AM READY GO THE DIS		AUTISM!	CELEBRATING CELEBRATING CELEBRATING CELEBRATING CELEBRATING
THIS DONATION IS II Participant Name: _ Team Name: _ Program (Please Cire			PRESENTED BY PRESE
ALPINE LEARNING GROU	DP O IN <sup>®</sup> STEPS TO SUCCESS	FOUNDATIO	DN SHOGRAMS
Donor Information			
Name:			
Street Address:			
City:		State:	_Zip:
Email Addrace:		rs. We will only contact you about	
Phone Number:			
	payable to particip	oant's designated pro propriate address (be	•
Name (as it should a	ppear on participa	nt's page):	
Check here if you would li	-		
Enclosed is my check	k in the amount of	\$	
ALPINE LEARNING GROUP FOUNDATION 777 Paramus Road Paramus, NJ 07652	<b>EPIC FOUNDATION</b> 238 Fairview Ave Paramus, NJ 07652	<b>REED FOUNDATION</b> <b>FOR AUTISM</b> 25 Potash Road Oakland, NJ 07436	If participant is supportin all three programs, make check payable to REED Foundation for Autism.

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