

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.