



Donation Form

Whether you are a previous US Autism & Asperger Association supporter or are giving for the first time, thank you for your commitment to the USAAA mission: Your donation will enhance the quality of life of individuals and their families/caregivers touched by autism spectrum disorders. USAAA provides educational and family support through conferences/seminars, published and electronic mediums, and retreats. USAAA distributes information with regard to biomedical treatments/adjunct therapies and research to parents, practitioners, students, and teachers who are associated with the Autism and Asperger communities.

US Autism & Asperger Association (USAAA) is a 501(c)(3) nonprofit organization for Autism and Asperger education, support, and solutions. Our goal is to **Provide the Opportunity** for individuals with autism spectrum disorders to achieve their fullest potential.

In 1994, USAAA began improving the quality of life of individuals and others affected by ASD. Since then, our initial goal has not changed, but our ambitions have expanded. USAAA is dedicated to: — Providing immediate solutions through expert guidance and compassionate support. — Consolidating the overwhelming amount of information and resources to simplify the lives of all associated with autism. — Individualizing education on treatments and services for the diverse population of those affected. — Providing networking opportunities for parents, professionals, students, educators, and individuals.

By recognizing the highly individual and diverse nature of treatment and services, USAAA offers information and education that reflects a variety of views and practices regarding treatment and services to allow maximum choice and benefit for the ASD community.

Federal Tax i.d. # 20-3372933

Mail your completed form along with your donation to:

US Autism & Asperger Association

Attn: DNFRM

P.O. Box 532



Draper, UT 84020-0532

Donor Information

First Name _____ Last Name _____
Address _____
City _____ State _____
Zip Code _____ Country _____
Phone _____ E-Mail _____

Donation

My check or money order is enclosed Please charge my credit card

Donation Amount \$ _____ (in US currency)

Card Type VISA MASTERCARD

Card Number _____ Expiration _____

Name of Cardholder _____ Signature _____

Billing Address: (if different than above)

Address _____
City _____ State _____
Zip Code _____ Country _____

Donation in Memory / in Honor

This gift is (circle one):

In Memory

Remember someone special by giving a gift in his or her memory. US Autism & Asperger Association will send a card acknowledging your thoughtful donation to the person of your choice.

In Honor

Give a gift to honor someone close to you for a birthday, an anniversary, a wedding, to celebrate a birth of baby, a bar or bat mitzvah, or other special occasions. US Autism & Asperger Association will send a card acknowledging your thoughtful donation to the person



of your choice.

WHO IS THIS DONATION IN MEMORY/HONOR OF:

Name _____

Occasion (in honor
donations) _____

PLEASE SEND AN ACKNOWLEDGEMENT OF MY DONATION TO:

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip Code _____ Country _____

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