



Hearts for Autism Walk

Walkers Name: _____
Name of individual you are sponsoring

Donor Information Required

Donor's Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ E-mail: _____

Cash Donation Amount: \$ _____

Check Donation Amount \$ _____ Check Number: _____

Credit Card Information

Name on Credit Card: _____

Donation Amount \$ _____ Card No: _____

Exp. Date: _____ Security Code: _____

Is billing address same as above: yes no

If no what is billing address:

I hereby acknowledge and agree to the amount of the donation written on this donation coupon. I understand that PALS is a nonprofit organization and this donation is tax deductible according to Florida tax status. Tax ID: 01-0717788

Signature for manual filing: _____

make sure this donor is logged on your pledge form

Attention Walker: Attach this coupon to your donor tracking form OR donor may mail or fax this form to

PALS 12001 Science Dr. Suite 145 Orlando FL 32826
407-737-2566 407-737-2571 (fax)