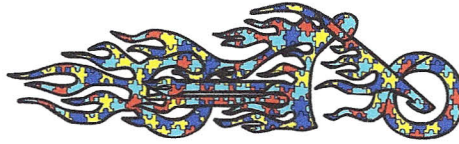


Ride For Autism



Ride For Autism of Michigan Donation Form

PLEASE PRINT

ONE ITEM PER FORM

Company or Organization Name: _____

Donor's name as it should appear in any publications and on signage at the event (if different than above):

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

Please send me an invitation

Please add me to your mailing list

Donated Item: _____ Value: _____

Description: _____

Restrictions that may apply: _____

Does the item accompany this form? Yes No If no, item pick-up date: _____

Please include any brochures, photos or information that will help promote your donation.

_____ Date: _____

Committee Member Signature

**Thank you
for your support!**