



# Autism Society of NORTH CAROLINA

\$500    \$250    \$100    \$50    \$25    Other Amt. \_\_\_\_\_

My check payable to ASNC is enclosed.

I would like to charge my gift to my: \_\_\_\_ MASTERCARD \_\_\_\_ VISA \_\_\_\_ AMEX \_\_\_\_ DISCOVER

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Donor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participant's Name/Team Name: \_\_\_\_\_

Message (In honor/support of): \_\_\_\_\_

Please mail your donations to:  
ASNC  
ATTN: Beverly Gill/Donations  
5121 Kingdom Way, Suite 100  
Raleigh, NC 27607

**Thank You So Much For Your Contribution!**