



**Donor Information**

|        |  |          |  |
|--------|--|----------|--|
| Name:  |  | Phone #: |  |
| Email: |  |          |  |

*1 in 59 children in the U.S. are diagnosed with autism, and 1 in 37 boys. Your donation helps AZ families!*

**Pledge Information**

Please indicate the amount you would like to donate to Arizona Autism United:

- |   |  |
|---|--|
| <input type="checkbox"/> \$400 – a full tax credit for an individual            | <input type="checkbox"/> \$2500 – help fund scholarships for Parent Training |
| <input type="checkbox"/> \$800 – a full tax credit for a married couple         | <input type="checkbox"/> \$5000 – help us build a <i>Big New Center!</i>     |
| <input type="checkbox"/> \$1000 – help us fund a Family Support Partner program | <input type="checkbox"/> Other amount (any): _____                           |

Would you prefer to pay in full now or spread payments throughout the rest of the year?

- |  |  |
|--|--|
| <input type="checkbox"/> Pay in full now | <input type="checkbox"/> Break up into 4 payments (Sep – Dec 2018) |
|--|--|

- I'd like to continue my support in 2019 with a monthly recurring gift of \$\_\_\_\_\_ charged to my credit card.

To pay by **check**, please enclose with this pledge form and return to Arizona Autism United.

To pay by **credit card**, please enter your billing information below:

|                  |  |                  |  |
|------------------|--|------------------|--|
| Name on card     |  | Credit card type |  |
| Credit card #    |  | Expiration date  |  |
| Billing address  |  | Security Code    |  |
| City, State, Zip |  |                  |  |
| Signature        |  |                  |  |

- My company will (or might) match my donation. Company name: \_\_\_\_\_
- I would like to learn how to include AZA United in my will
- I have already included AZA United in my will
- I'm interested in helping with fundraising activities
- I'm interested in being a table captain next year for the annual luncheon

**Demographic information (optional):**

|                                  |  |   |  |
|----------------------------------|--|---|--|
| Gender:                          |  | Birthday (MM/DD):   |  |
| Your age group:                  | Relationship to AZA United (select all that apply):            |   |  |
| <input type="checkbox"/> 18 – 24 | <input type="checkbox"/> Donor/supporter                       | <input type="checkbox"/> Business or corporation representative |  |
| <input type="checkbox"/> 25 – 34 | <input type="checkbox"/> AZA client family                     | <input type="checkbox"/> Employee of a government agency        |  |
| <input type="checkbox"/> 35 – 44 | <input type="checkbox"/> Relative or friend of a client family | <input type="checkbox"/> Other: _____                           |  |
| <input type="checkbox"/> 45 – 54 | <input type="checkbox"/> AZA employee                          |   |  |
| <input type="checkbox"/> 55 – 64 | <input type="checkbox"/> Relative or friend of an AZA employee |   |  |
| <input type="checkbox"/> 65+     |  |   |  |

**Thank you for your support!**

Arizona Autism United is a registered 501(c)3 nonprofit organization. EIN 16-1738730