



TURNING POINTE
AUTISM FOUNDATION

Center for Autism Lifestyle Development and Education

Donation Form

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Address _____

City _____ State _____ Zip _____

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Would you like to be included in our mailing list? Yes _____ No _____

Please state the amount of your donation _____

In honor of _____

Check number _____ Check date _____

Please mail all donations to:

Turning Pointe Autism Foundation
P.O. Box 9203
Naperville, IL 60567

Donation Receipt

Please retain the bottom portion of this form for your tax records. Thank you for supporting the Turning Pointe Autism Foundation.

Donations are tax deductible to the fullest extent allowed by law. Tax id # **26-1286022**

Donation amount _____ Date _____

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