



**TURNING POINTE**  
AUTISM FOUNDATION

*Center for Autism Lifestyle Development and Education*

**Donation Form**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

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**

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**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 \_\_\_\_\_

Check number \_\_\_\_\_