

Donation Form



Families of Autistic Children of Tidewater
Because Children with Autism are Children First

Donor Information (please print or type)

Name _____

Billing address _____

City, St Zip Code _____

Phone _____

Email _____

Pledge Information

I wish to make a gift of \$ _____

I (we) plan to make this contribution in the form of: cash check credit card

Credit card type | Exp. date _____

Credit card number _____ CID Code: _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to: FACT or
Families of Autistic Children of Tidewater

Families of Autism Children in Tidewater
520 Viking Drive
Virginia Beach, VA 23452

PROTECT YOUR FINANCIAL INFORMATION.

DO NOT FAX OR EMAIL THIS FORM