

To ensure proper credit, write the participant's name below.

Rider / Crew:

Number:



DONATION FORM

DONOR INFORMATION:

Please print clearly in the spaces below:

First Name _____ M.I. _____ Last Name _____

Business Name (optional) _____

Mailing Address _____ Suite/Apt.# _____

City _____ State _____ Zip _____

Phone (Mandatory for credit card payments) (_____) _____ E-mail address _____

Check here if you do not wish to receive information about Autism Science Foundation

I'M PROUD OF YOU FOR TAKING A STAND. IN HONOR OF YOUR COMMITMENT, HERE IS MINE:

\$1,000 \$500 \$250 \$100 \$75 \$50 Other Amount \$ _____

Check here if your company has a matching gift program. Form attached. Please contact my company at (_____) _____ to get a form.

PAYMENT OPTIONS *We regret that we are unable to accept cash donations.*

Personal check – single payment. Make your check or money order **payable to Autism Science Foundation**, include the participant name and number in the memo section of the check, and staple the check to this form.

Credit card – single payment. VISA MasterCard American Express

Account Number _____ Exp/ Mo/Yr _____

Security Code _____ Signature _____

Credit card – monthly installments. If you would like to have your donation debited automatically each month, complete and sign below.

Please debit my VISA MasterCard American Express in the amount of \$ _____ each month for the next _____ months, for a total contribution of \$ _____. (Monthly payments must be at least \$25 and cannot exceed 8 months.)

Account Number _____ Exp/ Mo/Yr _____

Security Code _____ Signature _____

I authorize my bank to transfer the amount shown above from my credit card each month, for the period specified above, directly to Autism Science Foundation. I understand that a record of each charge will be included in my monthly bank statement and will serve as my receipt. This authority will expire when my contribution has been paid in full or when revoked by me in writing. Donations are non-refundable and non-transferable.

Signature _____ Date _____

Please make your check payable to:
Autism Science Foundation

Send this form with payment to:
Wall Street Rides FAR
c/o Autism Science Foundation
106 West 32nd Street, Suite 182
New York, NY 10001

Please note the following:

- Your donation is tax-deductible to the fullest extent allowed by law.
- Autism Science Foundation will send a receipt for tax purposes before January 31, 2019 for donations over \$250.
- Your employer may provide its employees with matching gifts or donations. Please check with your employer on its matching gift guidelines.
- Please allow 2–4 weeks for processing.
- Once processed, your donation is non-refundable.
- If you have questions about this form, please contact Global Impact Productions at 866-858-6877.

All donations processed by Autism Science Foundation (ASF) are non-refundable, even if the rider or crew member you are supporting does not participate in Wall Street Rides FAR, and even if the event is rescheduled or cancelled. I also understand that efforts will be made to maximize the funds received by ASF; however neither ASF, Global Impact Productions, nor any other entity or person makes any guarantee regarding the sum of money or the percentage of gross receipts that ASF will receive in connection with Wall Street Rides FAR.

Thank you for your support!

Wall Street Rides FAR is created and produced by

