



# AUTISM RESEARCH CENTER

## Autism Resource Center Donor Application

First Time Donor       Previous Donor

Name (s) \_\_\_\_\_

Company/organization \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please check:       If address change       If company matching gift form enclosed

The above is a gift donation given by:

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Gift notice will be sent to the recipient.

**DONATION**

\$25       \$50       \$100       \$250       \$500       Other: \$ \_\_\_\_\_

Check (payable to PARC)

Charge:  MC       Visa       Discover

Acct. # \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Exp. Date \_\_\_\_\_      Credit card three digit code \_\_\_\_\_

I want to volunteer my time.

I want to donate professional/trade services or equipment.

I am interested in planned giving opportunities

I would like to donate stock or securities. (See next page).

Mail your check and completed application to: Development Department, PARC, 31 International Blvd.,  
Brewster, NY 10509