



DONATION FORM

THANK YOU FOR SUPPORTING THE 10TH ANNUAL AUTISM CARE WALK ON SATURDAY, APRIL 29! With your generosity, the Heartspring Autism Services Program will be able to continually provide outreach training, consultations and programs to support local individuals and their families impacted by autism! Together, we are making lasting impact on children with autism.

DONOR NAME	MAILING ADDRESS	EMAIL	\$ AMOUNT	NAME OF INDIVIDUAL OR TEAM DONATING TO
<p>PLEASE MAIL OR TURN IN DONATION FORM AND CASH OR CHECK DONATIONS TO:</p> <p>Heartspring c/o Jessica Snow 8700 E. 29th St. N. Wichita, KS 67226</p>		<p><i>Please make all checks payable to Heartspring.</i></p> <p>Donations may also be turned in during T-shirt pickup hours in the Heartspring Conference Center. Please check the "Event Info" section on www.autismcarewalk.org for these dates and times.</p>	<p>\$ TOTAL</p>	



THANK YOU FOR YOUR SUPPORT!

