



AutismONTARIO

CELEBRATE THE SPECTRUM SCHOOL GIVING CHALLENGE

Collect all cheques and mail along with this form to:

Autism Ontario
1179 King St W, Suite 004
Toronto, ON M6K 3C5

SCHOOL NAME: _____

Please **PRINT** the name and address of each donor clearly. We accept cheques only (no cash). Please make cheques payable to Autism Ontario.

DONOR'S NAME	ADDRESS	CITY	POSTAL CODE	EMAIL	TELEPHONE	AMOUNT	RECEIPT?
Generous Donor	123 Sample St.	Sampleton	A1B 2C3	jsample@email.com	613 555 1234	\$25	YES
1							
2							
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11							
12							
13							
14							
15							
16							
THANK YOU for your generous support!					TOTAL:		

TAX RECEIPTS: Tax receipts will be issued for all donations of \$25 or more, if address is complete and printing is legible.
Charitable Registration No: 11924 8789 R0001.

www.celebratethespectrum.com

CELEBRATE THE SPECTRUM SCHOOL GIVING CHALLENGE

Top Fundraiser Nomination

Your top fundraising student will be entered into a draw to win an iPad!

Top Fundraising Student:

Tell us more about your student

Grade:

How did they raise money?

Connection to autism:

Quick Bio

Likes/dislikes, quote from principal, best word to describe them, anything else that makes them your top fundraising student!

School Info

School Name:

School Address:

School Email:

Instructions

Complete the fields on the form, and email completed forms to fundraising@autismontario.com

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