



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
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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