



Amount Enclosed: _____

Participant Name: _____

Check Amount: _____ Check Number: _____

Donor First/Last Name: _____

Donor Address: _____

*Donor Email: _____

Donor Phone Number: _____

Check Amount: _____ Check Number: _____

Donor First/Last Name: _____

Donor Address: _____

*Donor Email: _____

Donor Phone Number: _____

Please make checks payable to EAGLES AUTSIM CHALLENGE, INC.

MAIL FORM AND CHECKS TO:

Eagles Autism Challenge, Inc.
One NovaCare Way
Philadelphia, PA 19145

*Email address needed for tax receipt