



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