EAGLES AUTISM CHALLENGE
PRESENTED BY Lincoln Financial

Thank you for choosing to donate to the Eagles Autism Foundation. 100% of your proceeds directly impact on innovative autism research and care programs.

Please fill out all the following information below to ensure your check is properly added.

Participant First and Last Name: _____

Amount Enclosed: _____

1. **Check Amount: _____**
2. **Check Number: _____**
3. **Donor First and Last Name: _____**
4. **Donor Address: _____**
5. **Donor Email: _____**
6. **Donor Phone Number: _____**

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2. **Check Number: _____**
3. **Donor First and Last Name: _____**
4. **Donor Address: _____**
5. **Donor Email: _____**
6. **Donor Phone Number: _____**

Please make checks payable to EAGLES AUTISM CHALLENGE, INC.

MAIL THE FORM AND CHECK TO:

EAGLES AUTISM CHALLENGE, INC.

ATTN: Makayla Brant

One Eagles Way

***Email address needed for tax receipt.**

Philadelphia PA, 19145

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