



# HOWARD COUNTY AUTISM SOCIETY

## DONATION FORM

**YES!** I want to support the Howard County Autism Society with my donation!

Amount:

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$100
<input type="checkbox"/> \$500	<input type="checkbox"/> \$50
<input type="checkbox"/> \$250	<input type="checkbox"/> Other \$ _____

*Note: You may also Pledge an amount to HCAS and pay it out over a designated period of time.*

I would like to pay my Pledge to HCAS of \$ \_\_\_\_\_ over \_\_\_\_\_ months with my credit card.  
*Please note that HCAS staff will contact you to make this arrangement.*

Name : \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Does your employer match charitable donations? If so, please list employer and contact information below:

\_\_\_\_\_  
\_\_\_\_\_

Please mail or email the completed form to:

Howard County Autism Society

9770 Patuxent Woods Drive, Suite 308, Columbia, MD 21046

**DONATE ONLINE AT [www.howard-autism.org](http://www.howard-autism.org)!**

Payment Method:

Cash

Check (payable to HCAS)

Credit Card:       VISA       MC       Discover       AmEx

Account # \_\_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_

Name and Billing Address for Credit Card (if different than above):

\_\_\_\_\_  
\_\_\_\_\_

*The Howard County Autism Chapter is a 501(c)(3) nonprofit organization, donations to which  
Are tax-deductible to the fullest extent of the law.*

**Providing Support • Promoting Awareness • Advocating for Change**

9770 Patuxent Woods Drive, Suite 308 • Columbia, MD 21046  
410-290-3466 • [www.howard-autism.org](http://www.howard-autism.org) • [info@howard-autism.org](mailto:info@howard-autism.org)