

DONATION FORM

*YES! I would like to help the Autism Society of the
Greater Capital Region by donating an item!*

Donor Name As You Would Like it Listed			Phone
Contact Name			Fax
Address			Website
City	State	Zip	Email
Donation Description:			
Donor Stated Retail Value:			
Please state any limitations or special restrictions:			
Special Instructions:			

Item/Certificate accompanies donor form
 I will deliver to ASGCR before January 25, 2021
 Please have someone pick up my donation

We would like to sponsor/advertise this event, please send opportunities
 We would like to send volunteers to help on the day of the event
 We would like to attend the Gala, please send an invitation

*Tax ID # 14-1776927

ASA Representative: _____
Pledged _____ **Received** _____