



Yes, I want to support *Hope Autism Foundation* in its mission to develop and support programs that enable a better life for individuals with autism.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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Phone: _____

Amount: \$ _____

Please enclose check made out to *Hope Autism Foundation* and send completed form and check to:

Hope Autism Foundation
5 Lyons Mall, Box 122
Basking Ridge, NJ 07920

All donations are tax deductible.

EIN 27-3684401

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Basking Ridge, NJ 07920