

Yes, I want to make a gift to the Center for Spectrum Services



Center for Spectrum Services can't perform the amazing work we do without your help. Our students on the autism spectrum face many challenges, but they and their families don't face these challenges alone. Won't you stand with us, as we stand behind them in providing important programming, clinical services, and specialized education?

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Email _____

Please accept my tax-deductible donation of:

\$50 \$75 \$100 \$250 \$500 \$1000 Other \$ _____

Please charge my credit card a monthly donation of \$ _____.

My check is enclosed. *Please make checks payable to **Center for Spectrum Services**.*

Please contact me to discuss planned giving.

Please charge my Credit Card

Name on Credit Card _____

Credit Card # _____ Expiration Date _____ / _____

Signature _____ CVC Code _____

My company _____, will match this donation. Enclosed is my matching gift form.

This gift is in honor/memory of: _____

Please send an acknowledgement to: _____

Center for Spectrum Services

Your donation supports our life-changing
programs and services
for children with autism.

