



fundraiser DONATIONS

Thank you for choosing to raise funds for Autism New Jersey. Your contribution will help us to continue ensuring safe and fulfilling lives for individuals with autism, their families, and the professionals who support them.

To help facilitate the processing of your donations and fundraising incentives, please mail all donations with this completed donation deposit form to:

PLEASE MAKE CHECKS PAYABLE TO **Autism New Jersey**

Autism New Jersey
Attention AA Month
500 Horizon Drive, Suite 530
Robbinsville, NJ 08691

Questions?
Contact us at aamonth@autismnj.org

To participate in our incentive program, donations must be received by May 30, 2026.

AMBASSADOR NAME OR EVENT ORGANIZER

MAILING ADDRESS [PLEASE CIRCLE ONE: HOME | WORK]

EMAIL PHONE # [PLEASE CIRCLE ONE: HOME | WORK | CELL]

NAME OF SCHOOL OR BUSINESS

TYPE OF FUNDRAISER (I.E. DRESS DOWN DAY, BAKE SALE, ETC.)

NUMBER OF CHECKS INCLOSED: _____ TOTAL AMOUNT OF DONATION ENCLOSED: \$ _____