Autism Society of Alabama

OFFICIAL INDIVIDUAL DONATION TRACKER

Participant Name: _____

Team Name: _____

Team Type: ☐ **Walk Team** ☐ **Race Team**

Address: _____

City: _____ **State** _____ **Zip** _____

Phone Number: ( ) _____

Email Address: _____

Walk/Race Location: _____

MAKE CHECKS PAYABLE TO: AUTISM SOCIETY OF ALABAMA

Sponsor Name	Mailing Address	City, ST, Zip	Phone #	Email Address	Contribution	Total Amount Paid

MAIL FORM AND CONTRIBUTIONS TO:
WALK FOR AUTISM & 5K RACE TO SOLVE THE PUZZLE
4217 DOLLY RIDGE ROAD
BIRMINGHAM, AL 35242

Total Amt. Received:

$