 ***Autism Association of Northern MN/Autism Walk Northland***

 Donation Request Form

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|  **Your** **Information** |

Name of individual/organization/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Person making the request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title or relationship to individual: \_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone/email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  **Donation Request Information** |

Amount of monies Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_

How will the monies will be used:

\*If you need more room please use the back or more paper

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|  **Request Form Process** |

 Mail or email completed form: **AUTISM ASSOCIATION** PO Box 16823 Duluth, MN 55816

 Autismassociation@live.com or info@autismwalknorthland.com

Date received: \_\_\_\_\_\_\_\_\_\_\_ Amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount granted:\_\_\_\_\_\_\_\_\_\_\_\_\_

~ You must be a nonprofit organization and the money must be used for people(s) living with Autism.

Individual requests may not go directly to the family. Example-Camp monies may be sent to the camp.

We will notify individuals as to how the monies will be given.