 ***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](mailto:Autismassociation@live.com) or [info@autismwalknorthland.com](mailto: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.