



Autism Association of Northern MN/Autism Walk Northland



Donation Request Form

Your Information

Name of individual/organization/School: _____ Date: _____

Person making the request: _____ Title or relationship to individual: _____

Address: _____ Phone/email _____

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

Request Form Process

Mail or email completed form: **AUTISM ASSOCIATION** 4805 W 4th St Duluth, MN 55807

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.

