



GO THE DISTANCE FOR AUTISM DONATION FORM

Thank you for helping me Go the Distance for Autism.
Every dollar raised helps change the lives of individuals with autism.

TO BE COMPLETED BY PARTICIPANT

Name: _____

Team Name: _____

Program I'm Supporting (Circle One):



TO BE COMPLETED BY DONOR

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Note: This information will not be shared with outside partners. We will only contact you about your donation if needed.

Amount of Donation: _____

Name as it should appear on participant's page: _____

Check here if you would like your donation to be anonymous.

Please make check payable to rider's designated program and mail with completed form to the appropriate address.

**ALPINE LEARNING GROUP
FOUNDATION**
777 Paramus Road
Paramus, NJ 07652

EPIC FOUNDATION
238 Fairview Ave
Paramus, NJ 07652

If participant is supporting all four programs, make check payable to REED Foundation for Autism.

GARDEN ACADEMY
627 Mt. Pleasant Ave
West Orange, NJ 07052

**REED FOUNDATION FOR
AUTISM**
25 Potash Road
Oakland, NJ 07436