| SUPPORTER'S NAME | DONATION |
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Funds Make A Difference Locally

NCSS was the first organization in Vermont to be accredited for an autism program. In fact, the NCSS autism program is also the 1st in Vermont and, at the time, 5th in North America to be accredited for an autism program that serves both children and adults.

Autism Walk

of Northwestern Vermont



PLEDGE FORM

SUNDAY, MAY 15, 2016

DAY OF EVENT SCHEDULE

- **12:30 pm** Registration begins
- **12:55 pm** Pre-walk announcements and meet us at the start line.
- 1:00 pm 3rd annual Autism Walk of Northwestern Vermont
- **1:30 pm** Post-walk activities plus, complimentary food & beverage.
- All Day Free face painting, sensory toys station, bowling station, music, information about NCSS' Autism Programming and other community supports.

The Autism Walk will be held at the Collins Perley Sports and Fitness Center in St. Albans, Vermont.



2016 AUTISM WALK PLEDGE FORM

Instructions:

- 1. Fill in name, team name (if applicable), address, phone number and email address of the individual collecting pledges.
- 2. Ask donors of \$25 or more to write in their mailing address to receive a receipt for tax purposes.
- Make donations in cash, check, or money order payable to NCSS – Autism Walk. Specify individual name or team name on all checks. If you'd like to make a contribution using a credit card, go to www.ncssinc.org/support-us/make-a-gift and type 2016 Autism Walk in the comments section. All contributions are tax deductible as allowed by law.
- 4. Individuals that raise \$100 or more will receive a FREE Autism Walk of Northwestern Vermont T-shirt OR T-shirts will be available for purchase at \$12.00 each.
- 5. All contributions must accompany this Donation Form.
- 6. Bring to the Autism Walk on the day of the event or mail donations to NCSS, 107 Fisher Pond Road, St. Albans, VT 05478.
- 7. The Autism Walk will be held at the Collins Perley Sports and Fitness Center in St. Albans, Vermont on Sunday, May 15, 2016 with registration beginning at 12:30 pm.

| Name: | | |
|----------------------------|--------|------|
| Team Name (if applicable): | | |
| Street Address: | | |
| City: | State: | Zip: |
| Daytime Phone: | | |
| Email: | | |
| Total Collected: | | |

Create a team!

Bring your family, friends, co-workers, class members, etc. and give back to your community. Enjoy the beauty of a Vermont spring day while raising awareness and promoting the acceptance and inclusion of people with ASD.

| SUPPORTER'S NAME | DONATION |
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