

## Support me as I participate in the Autism Speaks Bay Area Walk.

**Participant's Name:** Chandani Morar  
**Supporter ID:** 403398445  
**Team Name:** Ascend Rehab Services Inc.  
**Group Name:** Autism Speaks U

☒ Yes! I will make a contribution to help Autism Speaks.

☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ \$25 ☐ Other Amt: \_\_\_\_\_

Please Make Your Checks Payable to Autism Speaks

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Donor Phone \_\_\_\_\_

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Thank You So Much For Your Contribution!

Mail this form and your check to:

**Autism Speaks**  
1060 State Road  
Second Floor  
Princeton, NJ 08540