

## Support me as I participate in the 2016 Autism Speaks Walk - Los Angeles.

**Participant's Name:** Larissa Valencia  
**Supporter ID:** 435843415  
**Team Name:** Applied Behavioral Health Group

☒ 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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

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

Email \_\_\_\_\_

Thank You So Much For Your Contribution!

Mail this form and your check to:

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