



**Autism Society of Alabama**

**OFFICIAL INDIVIDUAL DONATION TRACKER**

Participant Name: \_\_\_\_\_  
 Team Name (If applicable): \_\_\_\_\_  
 Team Type:  Walk Team  Race Team  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Walk/Race Location: \_\_\_\_\_

*MAKE CHECKS PAYABLE TO: AUTISM SOCIETY OF ALABAMA*

Sponsor Name	Mailing Address	City, ST, Zip	Phone #	Email Address	Contribution	Total Amount Paid

**MAIL FORM AND CONTRIBUTIONS TO:**  
**WALK FOR AUTISM & 5K RACE TO SOLVE THE PUZZLE**  
 4217 DOLLY RIDGE ROAD  
 BIRMINGHAM, AL 35243

**Total Amt. Received:**  
 \$