



DONATION/REGISTRATION RECEIPT
AUTISM TREE PROJECT FOUNDATION

Federal 501(c)3 Non-Profit Organization Tax ID. 71-0942573

1. Date: _____
2. Name of Company or Person _____
 Contact Person (If a Company Donation) _____
 Street Address _____
 City, State, Zip _____
3. Telephone, with Area Code _____

4. DONATION



AUTISM
tree project
FOUNDATION

creating
BRIGHTER
futures for
children with AUTISM

<u>Type</u>	<u>Description</u>	<u>Value</u>
<input type="checkbox"/> Item(s)		_____
<input type="checkbox"/> Gift Certificate(s)		_____
<input type="checkbox"/> Other		_____
<input type="checkbox"/> Cash		_____

Total Value of Donation _____

5. Gift Certificate(s): N/A Attached Foundation, Please Create
6. Designated Autism Tree Project Foundation Event Use:
 Any Fundraising Event Specific Fundraiser : _____
7. Foundation Member Accepting Donation: _____
 Telephone Number _____
8. Special Notes or Comments

3428 Hugo Street
San Diego
California
92106
619.980.8614
619.222.4465 fax
www.autismtreeproject.org

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