

AANE GENERAL DONATION FORM

Amount of donation to **AANE**: \$ _____

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Organization _____

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City _____ State _____ Zip _____

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I will pay by: Check (Please make check payable to AANE.)
 Credit Card (Please complete information below.)

Name as it appears on Credit Card _____

Credit card number _____ Exp. date ____/____/____

Please acknowledge my donation in the next newsletter.

(Indicate on the line above how you wish your donation to be acknowledged.)

Matching gifts: If your company has a matching gift program, please notify us and your employer.

All gifts are tax deductible, we will send a letter of acknowledgment.
May we suggest that in wills, trusts and estate plans, you remember AANE.

THANK YOU



**ASPERGER'S ASSOCIATION
OF NEW ENGLAND
General Donation**

.....Please fold along the dotted line.....

.....Please fold along the dotted line.....

PLACE
STAMP
HERE

**AANE
182 Main Street
Watertown, MA 02472**