

**AANE GENERAL DONATION FORM**

Amount of donation to AANE: \$ \_\_\_\_\_

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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  
85 Main Street, Suite 101  
Watertown, MA 02472**