



ACES FOR AUTISM DONATION/PLEDGE FORM

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____

- I/we would like to make a flat donation of \$_____ and my payment is enclosed.
- I/we would like to make a pledge of \$_____ per ACE and would like to pay this at the end of the season.

Payment Information:

___ Cash

___ Check (*Made payable to Florida Institute of Technology*)

___ Visa ___ Mastercard ___ AmEx

Card number _____

Name on card _____

Exp. Date _____ Security Code _____

Signature _____

Please remit payment to:
Florida Institute of Technology
150 W. University Blvd.
Melbourne, Fl. 32901

Florida Institute of Technology receives 100% of all contributions. All monies go toward programs to benefit individuals, families and research for autism at The Scott Center for Autism Treatment.