



Participants Name: _____ Phone #: _____

Please print clearly. Make cheques payable to the Autism Resource Centre. Charitable donation receipts will be issued for donations of \$20.00 or more. Incomplete addresses will not receive tax receipts.

Name	Address	Postal Code	Amount	Receipt (Yes or No, over \$20)	Email or Phone #

Proceeds are used to fund the programs and services offered by the Autism Resource Centre in Regina. Please contact the Autism Resource Centre for additional pledge forms or if you have any questions regarding our programs and services.
3636 Sherwood Drive, Regina SK, S4R 7A4, Tel: (306) 569-0858. www.autismresourcecentre.com