



Contact Details:

Name:

Home Address:

Email Address:

My check is enclosed

\$ _____ One-time Gift

\$ _____ Ongoing Monthly Gift

Is your gift in honor or memory of someone:

What inspired you to give today:

Additional Information:

- Sign me up for the Newsletter**
- I've included WAA in my estate plans or would like to learn more**
- I'd like to schedule a virtual meeting to learn more about WAA**

Washington Autism Alliance

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Kirkland, WA 98033