DONATION FORM

Thank you for supporting the Heartspring Autism CARE Walk on Saturday, April 25!
With your generosity, Heartspring's CARE Program will be able to continually provide outreach training, consultations, and programs to support local individuals and their families impacted by autism. Together, we are making a lasting impact.

THANK YOU FOR YOUR SUPPORT!

Donor Name	Mailing Address	Email	$ Amount	Name of Individual or Team Donating to

Please mail or turn in donation form and cash or check donations to:

Heartspring
c/o Maija Noll
8700 E. 29th St. N.
Wichita, KS 67226

Please make all checks payable to Heartspring.

Donations may also be turned in during T-shirt pickup hours in the Heartspring Conference Center. Please check the "Event Info" section on **AutismCAREWalk.org** for these dates and times.

$ TOTAL