



Autumn's Dawn  
7702 FM 1960 East, Suite 212  
Humble, TX 77346  
P: (281) 913-4990  
www.autumnsdawn.org

---

## Pledge Form

---

*Autumn's Dawn is a nonprofit adult service provider dedicated to transitioning young adults with Autism Spectrum Disorders at the dawn of their adulthood.*

---

### Donor Information (please print):

Names (First, Last) \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, State Zip Code \_\_\_\_\_  
Telephone (home) \_\_\_\_\_  
Telephone (business) \_\_\_\_\_  
E-Mail \_\_\_\_\_

---

### Pledge Information:

I (we) plan to make this contribution in the form of: \_\_\_ cash \_\_\_ check \_\_\_ credit card \_\_\_ other.

Please make checks payable to: Autumn's Dawn

How would you like for your name to be published? \_\_\_\_\_

I prefer to make by donation anonymously

I (we) pledge a total of \$ \_\_\_\_\_ to be paid: \_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

Enclosed is my gift of \$ \_\_\_\_\_

---

Credit card type \_\_\_\_\_  
Credit card number \_\_\_\_\_  
Expiration date \_\_\_\_\_  
Authorized signature \_\_\_\_\_

---

### Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

---

**Please mail this completed form to the address above.**

Personal information that you provide to us (including your name and e-mail address) will not be share with any other organizations.  
Contributions may be tax deductible to the fullest extent of the law.