

ASN LEGISLATIVE ADVOCACY SPONSORSHIP FORM

(OPTIONAL)

Please mail a check with this completed **optional LEGISLATIVE ADVOCACY SPONSORSHIP FORM** (found on the next page of this document) to: ASN P.O. Box 83559 Lincoln, NE 68501. Installment plans are available if you would prefer to make your donation over the course of the next several months. Donations are tax-deductible as allowed by law. You may consult your tax preparer for more information. Autism Society of Nebraska's federal tax ID number is 14-1540002.

Donor/Sponsor Name _____
Address _____
City _____ **State** _____ **ZIP** _____
Email _____

Pledge Commitment:

I will fulfill my pledge commitment of: \$_____ as follows:

___ one-time donation

___ monthly installments of \$_____ to be fulfilled on the ___ day of every month through _____, 2018

___ three quarterly installments of \$500 to be fulfilled on the following schedule:

___ / ___ / 18; ___ / ___ / 18; and ___ / ___ / 18

___ other payment plan _____

I would appreciate pledge reminders ___ 30 ___ 60 ___ 90 days in advance of my fulfillment dates.

Donation Information:

I will make my donation through:

___ Check enclosed (please make payable to: Autism Society of Nebraska) ***Preferred method**

___ Online using the PayPal form on the 'Donate' page at www.autismnebraska.org

Signature of Responsible Party: _____ Date: _____