



Please mail this form and your check to:
Families for Effective Autism Treatment of Nebraska, Inc.
Attn: Bob Woodruff
PO Box 307
York, NE 68467-0307

Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____ payable to FEAT of Nebraska, Inc.

My Name: _____

Home Phone: () _____ Email: _____

Address: _____

City/State/ZIP: _____

(Receipt will be sent to the address above)

TYPE OF DONATION (Please choose one):

() **General Donation**

() **Gift in memory of:** _____
(name of deceased)

Send acknowledgement letter to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the letter to be signed? _____
(name or names)

() **Gift in honor of:** _____
(name of individual)

Send acknowledgement letter to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the letter to be signed? _____
(name or names)

We thank you for your support. Your Contribution is tax-deductible.