



Offline Donation Form

To donate by mail, please fill out this form and mail the completed form along with your donation to:



Kennedy Krieger Foundation
c/o Interactive Autism Network
707 North Broadway
Baltimore, MD 21205

Your donation is greatly appreciated. Thank you for your support of the Interactive Autism Network.

* Denotes that the field is required

Please provide the following information:

*Title: _____ *First Name: _____ *Last Name: _____

*Address 1: _____

Address 2: _____

*City: _____ *State: _____ *Zip: _____

Home Phone:(____) _____ Business Phone: (____) _____

E-mail Address: _____

Check here if you do not want to be added to Kennedy Krieger Institute's email list.

Please provide us with your donation and payment information:

*Amount of Gift: \$ _____

This gift is a tribute gift: Honor Memorial

Tribute Description: _____

Please notify the following party of my gift:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

*Payment Method (circle one): Check [†] Cash Credit Card [^]

[†]Check #: _____ Check Date: _____

[^]Type of Credit Card: Visa Mastercard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Name as it Appears on Card: _____

****Please make all checks payable to: Kennedy Krieger Foundation
For questions or more information call 1-888-512-5437.***