



Donation / Pledge Form

Donor Information

Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____ Cell Phone _____

Payment Options

CREDIT CARD

Name on Card _____

Credit Card Number _____

Expiration Date _____ CSC / CVV _____

Signature _____ Date _____

I authorize ACEing Autism to charge my card each month for the following amount \$ _____

I authorize ACEing Autism to charge my card for this one-time gift for this amount \$ _____

Pre-authorized giving is to remain in effect until ACEing Autism receives written or verbal notification of its termination from you. Notification may be made by writing to ACEing Autism, 11301 West Olympic Blvd. #121-363, Los Angeles, CA 90064, via email, or by calling 310.401.0544. The amount of your gift will be clearly itemized on your credit card or bank statement.

CHECK

Mail checks payable to ACEing Autism to:

ACEing Autism
11301 West Olympic Blvd. #121-363
Los Angeles, CA 90064

ONLINE

Visit aceingautism.org to donate online.

ACH BANK TRANSFER

Bank Name
Bank of America

Bank Address
11501 Santa Monica Blvd.
West Los Angeles, CA 90025

Account
ACEing Autism

Address
2001 S. Barrington Ave. #207
Los Angeles, CA 90025

Account Number
004622678638

Routing Number
011000138 (paper & electronic)
026009593 (wire transfers)

Matching Gifts

Please inquire with your employer to see if your gift / donation from above is eligible for a company match.

ACEing Autism is a non-profit, tax-exempt corporation under Section 501(c)(3) of the IRS Code. EIN #26-2688140