

DONATION RECEIPT

Send your tax-free donations to:

Face Autism, Inc.
5333 Rio Vista Street
Sarasota, FL 34232

www.face-autism.org



Thank You for your Generosity!

Name: _____

Phone: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Donation: \$ _____

Tax I.D. No# 26-1141761

Thank you for your contribution to Face Autism, Inc., a Florida not-for-profit corporation exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code of 1983, as amended. Your charitable contribution may be tax deductible to the extent your contribution exceeds the value of any goods or services received in connection with the contribution. The estimated value of goods or services you receive in connection with your charitable contribution is _____.

Please consult your accountant or tax return preparer if you have any questions regarding the deductibility of your contribution to Face Autism, Inc.

Mission Statement

Face Autism, Inc. is committed to provide screenings, therapeutic and biomedical interventions for children with autism, regardless of their financial ability to pay. Our goal is to give these children the opportunity to significantly improve and maintain a balanced quality of life. "Early intervention is the key".

Not for-profit organization, 501(c)(3)
A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll FREE within the state 1-800-HELP-FLA. Registration does not imply endorsement, approval, or recommendation by the state.

