



Autism Champion Event Recap/Donation Form

In the classroom, in the home and in the community- POAC thanks you for being an Autism Champion. We want to share your story with others who love, work or know someone with autism. Completing the form below will let us know everything about your activity, what you did and how you did it. We can't wait to share your story with the entire autism community on our website, email blasts and newsletter. Your actions will encourage others to step up like you and become an Autism Champion.

Send this completed form to:

POAC Autism Services
Attn: Autism Champion Program
1989 Route 88
Brick, NJ 08724

Your Contact Information

First Name

Last Name

Address

City

State

Zip

E-Mail Address

Phone Number

Describe Your Event (attach additional pages if needed)

Fund Raiser Information

Name of school or business: _____

Type of fund raiser : _____

Date/Place of fund raiser: _____

Number of checks enclosed: _____

Total amount enclosed: _____