



BAILEY'S TEAM for AUTISM

* TRIBUTE FORM *

(To be filled out by donor)

Name of Donor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please send a tribute card to:*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

***Please note that we do not solicit tribute card recipients; and the amount of your donation is not disclosed to them.**

(Please check one):

In honor of...

In memory of...

[Example: In honor of Susan's 50th birthday; or In memory of John Smith.]

(Please include additional language below):

Enclosed is my donation in the amount of \$ _____

Check # _____ [payable to Bailey's Team]

Credit Card (Circle one): MC / Visa / AMEX / Discover

Acct. # _____ Exp. _____

Billing Zip Code: _____

Please send this form along with your payment to:

Bailey's Team Tribute Program

164 Westside Avenue, North Attleboro, MA 02760

An acknowledgement letter will be sent for your record.

For more information, contact Sammi Robertson at sammirobertson@comcast.net; or visit www.baileysteam.org.

[Tribute Card packages are available upon request.]