

PUTTING *the* PIECES TOGETHER



Brick Campaign

Help pave the way for those living with autism!

Leave your own legacy - or honor a loved one - on an engraved brick at our main entrance with a donation of \$100 or more. The Golisano Autism Center is a collaborative community of autism providers that is a central location for a lifetime span of services, accessible to all, and coordinated for ease of service. Your donation will ensure that we are able to put the pieces together for 10,000 families living with autism in our community.

Name: _____ (as you wish to appear in a donor listing) ____ Check if you wish to remain anonymous

Address: _____

Telephone: _____ Email: _____

I'd like to support the Putting the Pieces Together Campaign with my gift of \$ _____ (Gifts of \$100+ have the option to inscribe a brick).

If you wish to make a donation, but do NOT wish to inscribe a brick, please check here: ____

Signature: _____ Date: _____

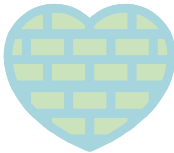
Payment Method: Check Cash Credit Card Paypal (please note on payment that it is for a legacy brick)

Check #: _____ Please make your check payable to the Golisano Autism Center

Name of Card Holder: _____ Credit Card #: _____ CVC: _____ Exp. Date: _____

Donations may also be made via debit card, credit card or Paypal online at: GolisanoAutismCenter.org.

Thank you for helping to put the pieces together with your gift to the Golisano Autism Center.



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BRICK ORDER FORM

Donor Name: _____

I am purchasing a single brick ____ or multiple bricks ____ with my donation of \$ _____ for a total of # ____ bricks.

Brick Engraving Instructions: Please provide details of how you'd like your name to appear on each brick (limit three lines and 13 characters per line):

First Line: _____
 Second Line: _____
 Third Line: _____

First Line: _____
 Second Line: _____
 Third Line: _____

First Line: _____
 Second Line: _____
 Third Line: _____

First Line: _____
 Second Line: _____
 Third Line: _____

Submit this completed form to Beth Ciardi at the Golisano Autism Center via mail or email at bciardi@golisanoautismcenter.org

Please include any additional instructions with this pledge form. Questions? Contact Beth Ciardi at (585) 685-8300 x202.



A COLLABORATIVE COMMUNITY OF PROVIDERS

Golisano Autism Center is a non-profit organization. A copy of our most recent annual report may be obtained, upon request, by contacting us at:

Golisano Autism Center, ATTN: Beth Ciardi

50 Science Parkway, Rochester, NY 14620

or, from the New York State Attorney General's Charities Bureau, located at:

28 Liberty Street, 15th Floor, New York, NY 10005

Information on New York charitable organizations can be found on the New York Attorney General's website (<https://www.charitiesnys.com/>) or by contacting (212) 416-8401.