

**ATPF Sustaining Member Enrollment & Update Form**

**PLEASE COMPLETE THIS FORM TO ENROLL AS A SUSTAINING ATPF MEMBER OR TO CHANGE YOUR EXISTING CONTRIBUTION & MAIL or EMAIL IT TO:**

Autism Tree Project Foundation, 2845 Nimitz Blvd, Suite C, San Diego, CA 92106

[LISA@autismtreeproject.org](mailto:LISA@autismtreeproject.org)



A U T I S M  
tree project  
FOUNDATION



Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**SUSTAINING CONTRIBUTION**

- \$10 per month
- \$25 per month
- \$50 per month
- VIP Member Club: \$100 per month
- Dollar-a-Day Club: \$30.42 per month or \$365 one-time charge per year (circle one)
- Other: \$\_\_\_\_\_ per month

**PAYMENT OPTIONS**

**Credit/Debit Card:**  American Express  MasterCard  VISA  Discover

Account # \_\_\_\_\_ Exp.: \_\_\_\_\_

Start Date: \_\_\_\_\_ (YOU WILL BE AUTOMATICALLY CHARGED ON THIS DATE EVERY MONTH)

TERMS OF AGREEMENT: My authorization to charge my credit card shall remain in effect until I notify ATPF that I wish to end this agreement & ATPF has had a reasonable amount of time to act on my request. A record of each payment will be included on my monthly credit card or bank statement and will serve as my receipt. Your monthly donation continues to provide no cost services to our ATPF extended families. ATPF is a 501(3) c. Tax ID 71-0942573.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_