



Sponsorship Form

Yes, I would like to sponsor the *Bittersweet*[™] event

- Galaxy Sponsor Constellation Sponsor
 Celestial Sponsor Total \$_____.

Please make checks out to: The Autism Project of Rhode Island

Check Enclosed

OR

Please bill my: Visa AMEX MC

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City _____ State _____ Zip _____

Email _____

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Authorized Signature _____ Date _____

Order taken by: _____

Email Ad to: Mary@theautismproject.org. For questions, please contact Mary Farhoumand at 401-785-2666

Please Note: Deadline for Ad placement is February 28, 2008.

Thank you for your generous support