

SUPPORT OUR AUTISM RAINBOW

DONATIONS OF GOODS OR SERVICES

Business Name _____

Street Name _____

City/Town _____ Zip _____

Telephone Number _____

Contact Name _____

Donation (s) _____

Value \$ _____

SOAR Representative _____ Date _____

Event Solicited for: *Sixth Annual Rainbow Fundraiser*
Saturday, November 19, 2010

Please mail to:

Maria Bedwell
2 Shoreham Drive West
Dix Hills, NY 11746