



AUTISM
PENSACOLA

Autism Pensacola, Inc.

2017 Holiday Gift Card Program Application Form

Application deadline is November 15, 2017

Name and age of Child with autism: _____

Parent/Guardian Name: _____

Total Number of Family Members in Household: _____

Address: _____

Phone Number: _____

Email: _____

Application Process:

- o This application form must be completed in full and submitted no later than November 15, 2017 to:
 Autism Pensacola
 P.O. Box 30213
 Pensacola FL 32503-1213
 Or
 Email: office@autismpensacola.org
- o Applications must include two letters:
 1. a letter explaining financial need
 2. a letter of recommendation from a school or other agency

You **will be** notified by *November 22, 2017* if **you are a recipient**. If you are not selected for one of the cards in this program, you may wish to pursue alternative avenues of support/assistance through other agencies and organizations.

For office use only:

Rcvd:_____ Rvwd_____ Rvwd_____ Status_____