



AUTISM
PENSACOLA

Autism Pensacola, Inc.

2020 Holiday Gift Card Program Application Form

Application deadline is October 30, 2020

Name and age of Child with autism: _____

Parent/Guardian Name: _____

Total Number of Family Members in Household: _____

Address: _____

Phone Number: _____

Email: _____

Application Process:

- This application form must be completed in full and submitted no later than October 30, 2020 to:
Autism Pensacola
10001 N. Davis Highway, Building 1
Pensacola, FL 32514
- 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 *December 6th* 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 _____