

Autism Pensacola, Inc. 2023 Holiday Gift Card Program Application Form

Application deadline is November 6, 2023 (Must fill out an application for each person)

Name and age of	of Person with auti	sm:	
Parent/Guardia	an Name:		
Total Number o	of Family Members	s in Household:	
Address:			
Phone Number	:		
Email:			
Application Proce	ess:		
Autism Pen	sacola avis Highway, Bui		nitted no later than November 6 th to:
o Applications mu	ıst include two lett	ers at the time of appli	cation submission:
1. a letter e	xplaining financial	need	
 a letter of recommendation from an outside agency verifying the need of your family and that the applicant has an autism diagnosis. (Teacher, Doctor, Therapist, ETC.) 			
***Applicants must reside Santa Rosa, and Walton (requirements: Escambia, Okaloosa,
			you are not selected for one of the cards in rt/assistance through other agencies and
Assistance Prefe	rence: Target G	ift Card Walmart Gift	Card Amazon Gift Card
For office use only: Rcvd:	Rvwd	Rvwd	Status