



AUTISM  
PENSACOLA

**Autism Pensacola, Inc.**

**2024 Holiday Gift Card Program Application Form**

Application deadline is November 1, 2024  
(Must fill out an application for each person)

Name and age of Person 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 November 1st to:  
Autism Pensacola  
10001 N. Davis Highway, Building 1  
Pensacola, FL 32514
- Applications must include two letters at the time of application submission:
  1. a letter explaining financial need
  2. 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 in the following counties to meet eligibility requirements: Escambia, Okaloosa, Santa Rosa, and Walton Counties, FL or Baldwin County, AL.**

You **will be** notified by **December 4th** if you are selected as 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.

Assistance Preference: \_\_\_ Target Gift Card \_\_\_ Walmart Gift Card \_\_\_ Amazon Gift Card

For office use only:

Rcvd: \_\_\_\_\_ Rvwd \_\_\_\_\_ Rvwd \_\_\_\_\_ Status \_\_\_\_\_