

To become a donating friend of the Autism Advocate Foundation

Please indicate which best describes you:

- Parent Educator
 Family Member Service Provider
 Individual with Autism Other

Donation Amount: \$ _____

All contributions are tax deductible in accordance with federal regulations. Receipts will be issued upon requests.



Autism Advocate Foundation, Inc.

P O Box 7061

Myrtle Beach, South Carolina 29572



Mission Statement

To provide emotional, financial, and therapeutic support for individuals with autism spectrum disorders throughout their lifespan, while achieving their personal goals and dreams with integrity and distinction in their least restrictive environment.

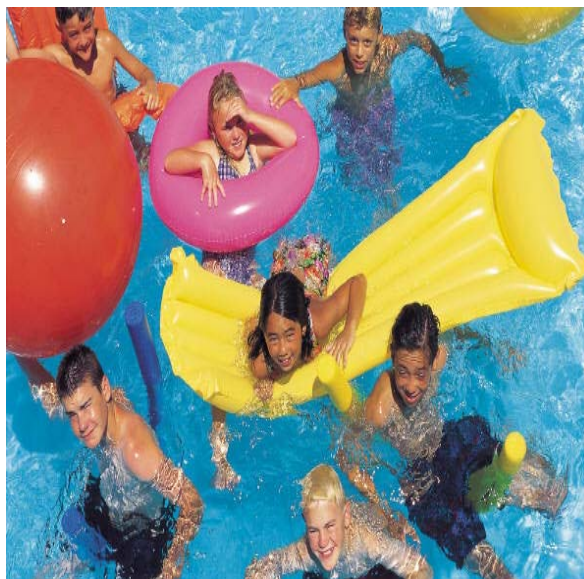


Autism Advocate Foundation, Inc.
Phone: 843-215-0217

AAF Goals

- Provide safety equipment to families of children with ASD, including sprinkler systems and tracking devices.
- Provide employment opportunities with job coaching and mentoring services.
- Collaborate with other agencies to provide leisure and recreational activities.
- Provide support group training opportunities, workshops, and conferences related to ASD.
- Provide stipends to students for ABA certification.

- Secure a plan to address housing needs for people with ASD.
- Continue to provide ASD awareness to the community.
- Secure funding for projects through fund-raising and grants.
- To provide additional services to families in Horry County.



According to the CDC report issued in February of 2005, the prevalence of ASD is now 1 in 166. In the last decade, there has been a 500% increase in this population.



To receive information from AAF, Inc.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Telephone: () _____

Other Telephone: () _____

Email: _____

To receive newsletters, check one:

Mail E-Mail

Mail to:

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