

Autism Awareness

Autism affects as many as 1 in 54 children.

Autism is the fastest growing serious developmental disability in the world.

Boys are five times more likely than girls to have autism.

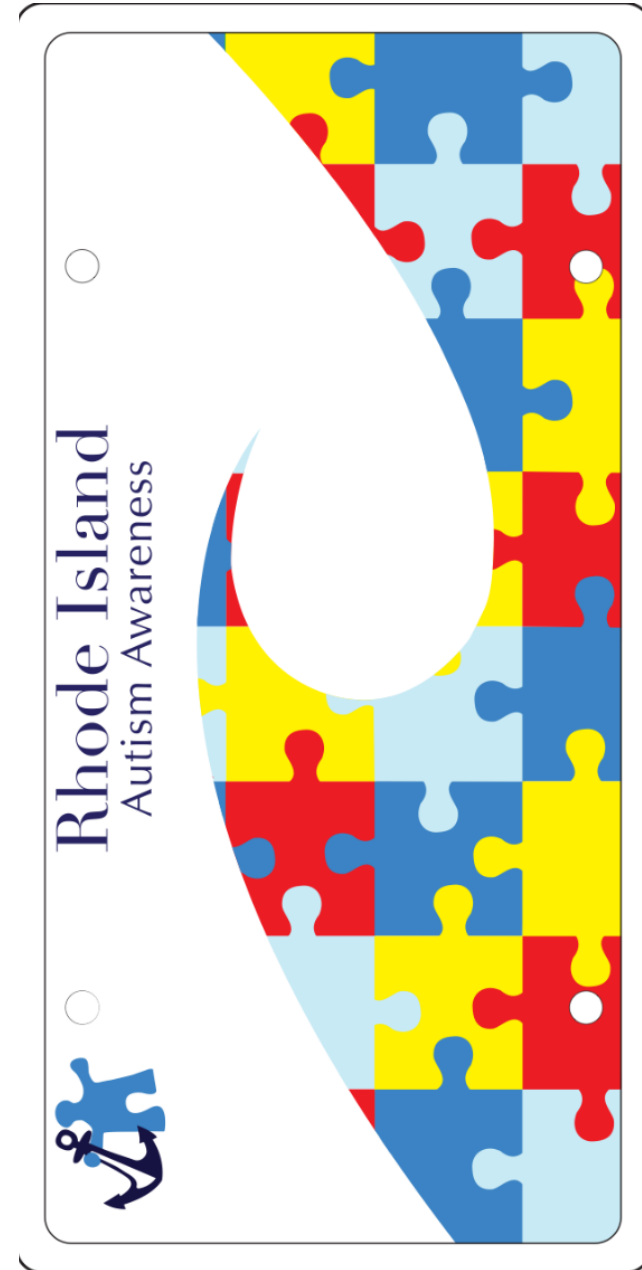
There is no medical detection or cure for autism, but early diagnosis and intervention improve outcomes.

Autism does not discriminate by geography, class or ethnicity.



1516 Atwood Avenue
Johnston, RI 02919
WWW.THEAUTISMPROJECT.ORG

Find out how to order your
"Autism Awareness"
License Plate



Making the Connection

“AUTISM AWARENESS” LICENSE PLATE

1. The Autism Awareness License Plate is a wonderful way to show your support.
2. There is a one-time fee of **\$42.50**. \$22.50 for plate production and \$20.00 is donated to The Autism Project to support parents, families, and individuals with Autism.
3. The \$20.00 is also tax deductible to the fullest extent of the IRS code.
The Autism Awareness plate allows you to keep your current license plate up to 6 digits. It is not available for commercial vehicles. Existing vanity plates 6 digits or less are OK.
4. Rhode Island Law requires that a total of 600 license plates must be ordered before the production will begin.
5. The plate is easy to order. Complete the **order form** and mail it with **payment of \$42.50** (by check-Payable to The Autism Project, or credit card—see below) and a legible **copy of your registration** (cannot process without this) to:

Email order form and copy of registration to:
TheAutismProject@Lifespan.org

The Autism Project
1516 Atwood Avenue
Johnston, RI 02919

**AUTISM AWARE-
 NESS LICENSE
 PLATES ARE FOR
 REGULAR
 PASSENGER
 PLATES ONLY.**

Your registration must say “Private Pass” and must be an “01” type plate. Commercial, Combination, Suburban or other similar plates do not qualify.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE: _____ EMAIL: _____

CURRENT LICENSE PLATE NUMBER (without hyphens): _____

PAYMENT TYPE: CHECK CREDIT CARD EXP DATE: _____

CREDIT CARD # _____ CVV# _____

SIGNATURE: _____



FOR OFFICE USE ONLY:	Date Received	Date Processed	Payment CH CC	Check #	Reg Included YES NO	Batch #	DMV Approved YES NO
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