



**Guiding
Eyes**
for the Blind

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Thank you for supporting Guiding Eyes for the Blind.

Please use this form to mail a check or credit card donation to the address above.

Donation - *Please make checks payable to Guiding Eyes for the Blind.*

Date: _____

Name: _____

Address: _____

City: _____

State,Zip: _____

Are you a Guiding Eyes Graduate: Yes No

Phone #: _____

Email: _____

This gift is from a: Foundation Company Organization

Entity Name: _____

Donation Amount: _____

Credit Card #: _____ **Exp.** /

mm/yyyy

Credit Card Type: Mastercard Visa Amex Discover

I would like my donation to be a: **One-Time Gift** **Monthly Gift**

Dedication - *for a minimum contribution of \$25 or more, we will send you an acknowledgement of your gift, while the individual or group you designate will receive a memorial or tribute card informing them that a gift in Guiding Eyes has been made in their name.*

Please make my gift in: Memory Tribute Holiday Tribute

In memory/honor of: _____

Is this gift in memory/honor of

a Guiding Eyes Graduate: Yes No

Please send card to: _____

Name of Family/Organization to be notified

Address

City, State, Zip

From: _____

Name as you would like to appear, e.g. Aunt Anna



Your contribution is tax-deductible. A receipt will be forwarded shortly.