



**Guiding
Eyes**
for the Blind

Headquarters
and Training Center
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*Thank you for Supporting
Guiding Eyes for the Blind.*

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

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

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Guiding Eyes Graduate: **Yes** **No**

Phone: _____

Is this gift from a: **Foundation** **Company** **Organization**

If so, Name of Foundation, Company, or Organization: _____

Contribution Amount: _____

Credit Card #: _____

(Disregard if donating by check) Expiration Date

Credit Card Type: **MasterCard** **Visa** **Amex** **Discover**

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 to Guiding Eyes has been made in their name.*

Is this a Memorial Tribute or Holiday Tribute contribution ?

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.



"Alone we can do so little; together we can do so much." — Helen Keller