



## DONATION FORM

219 E. Cole Avenue, Wheaton, IL 60187 • Phone (630) 690-7115 • Fax (630) 690-9037

**I want to help children and adults who are visually impaired or blind.**

**Here is my gift of...**

\$1,000     \$500     \$100     \$50     Other \$ \_\_\_\_\_

To honor the occasion of...     In memory of...

\_\_\_\_\_

### Send gift acknowledgement to...

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Donor Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Payment Information

Check (Make checks payable to Spectrios Institute for Low Vision)

Visa

MasterCard

Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Your Signature \_\_\_\_\_

Contributions are tax deductible to the extent provided by law.

**\*Mail or fax completed form to the address above or give on-line [www.spectrios.org](http://www.spectrios.org)**