



PRINT AND MAIL DONATION FORM

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Phone (_____) _____

Enclosed is my check for (Check one):

\$100 \$50 \$25 \$10 Other \$ _____

Please charge to my:

Visa Mastercard American Express Discover

Card # _____ Security Code _____

Card Exp.Date _____

Name (as it appears on card) _____

Signature _____

Mail this form to:
Miami Lighthouse for the Blind
Financial Development Department
601 SW 8th Avenue
Miami, FL 33130
or call 305-856-2288 or fax 305-856-6437