

Online Donation Form
(Print out, complete and mail)

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone (including area code): _____

Gift of: _____ \$35 _____ \$50
 _____ \$100 _____ Other \$ _____

____ I am willing to make a monthly pledge of:
____ \$10 ____ \$25 ____ \$35 ____ Other \$ _____

Please send me information on:

- ____ The League's programs & services
- ____ Including the League in my will or estate
- ____ Referring someone to the League for service
- ____ Volunteer opportunities

Checks should be made payable to:
The League for the Blind & Disabled

Please mail to:
5821 S. Anthony Blvd
Fort Wayne, IN 46816

Your gifts are tax-deductible!