

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!***