



Yes, I would like to give a gift of independence for people with disabilities:

___ A Monthly Pledge of ___\$10, ___\$20, ___\$50, ___ Other \$___

___ A One-time Gift of ___\$50, ___\$100, ___\$500, ___ Other \$___

I would like to know more about:

___ Services and programs of the League.

___ Volunteering.

___ I wish for my gift to remain anonymous.

___ Referring someone to the League for service.

___ Planning an income to benefit my family and the League.

___ Including the League in my estate planning or will.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Enclosed is my tax deductible donation of: _____

Make checks payable to: "League for the Blind and Disabled".

Please charge my Visa/MasterCard # _____ Expiration date _____ Security Code _____

Name on card _____ Signature _____

THANKS! YOUR GIFT OF INDEPENDENCE LASTS FOREVER!