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 Leagues 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!***