

* Please print this form and mail it to the ABVI office. Thank you!

We help individuals living with low vision or blindness thrive in a sighted world.

Association for the Blind & Visually Impaired (ABVI)
456 Cherry St. SE
Grand Rapids, MI 49503

Donor's Name _____
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Phone _____
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\$25 _____ \$50 _____ \$100 _____ \$500 _____ \$1,000 _____ Other \$ _____

Charge my credit card:
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Card number _____
Expiration date _____
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This gift is in
Honor of: _____
Memory of: _____

If you wish us to send a note about your gift to the honoree or the family of person being remembered, please provide us with the following information:

Name of recipient: _____

Address: _____

With your help, those who live with blindness or visual impairment are able to live independently and confidently! Contributions to ABVI are tax deductible to the full extent allowed by law. Thank you.

If paying by check, please make your check payable to ABVI and send to the above address.