



**PRINT AND MAIL DONATION FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

*Optional:* My gift is: \_\_\_\_\_ in memory of \_\_\_\_\_ in honor of \_\_\_\_\_

Please send notification to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Amount Enclosed:** \$ \_\_\_\_\_

\_\_\_\_\_ Enclosed is my check (payable to Miami Lighthouse)

Please charge to my:

\_\_\_ Visa \_\_\_ Mastercard \_\_\_ American Express \_\_\_ Discover

Card # \_\_\_\_\_ Security Code \_\_\_\_\_

Card Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Signature \_\_\_\_\_

*Mail this form to:*

**Miami Lighthouse for the Blind**  
**Mary M. and Sash A. Spencer Campus**  
Financial Development Department  
601 SW 8th Avenue  
Miami, FL 33130

or call 786-362-7510 or fax 305-856-6437

