

Donation Sheet

EIN: 83-0443518



Name: _____ Date: _____

Signature: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

I pledge to donate MY TREASURES:

\$100 \$250 \$500 \$ _____

Payment Method

Cash Check (payable to "Blind Start of America")

Credit Card:   

Credit Card Number:

Expiration Date: ____/____

Name as it appears on card: _____

I pledge to donate MY TIME:

I would like to volunteer my time for the Benefit for the Blind.

I would like to volunteer my time for the Blind Mud Run.

I would like to volunteer my time for the Dinner in the Dark.

I pledge to donate MY TALENTS:

I would like to use my talents to help Blind Start of America.

My talents include _____

THANKS FOR YOUR SUPPORT!

A receipt will be sent to you upon processing of your donation.