



Donation Form

Your tax-deductible gift today will help Lighthouse Guild ensure that people who are at risk for, or affected by, vision loss have access to the resources necessary to lead full, independent and productive lives.

Select an Amount:

- \$50 \$100 \$250 \$500 \$1,000 Other \$ _____
 One-time gift Monthly gift

- Yes, this is an honor or memorial gift: In Memory of: In Honor of:
Title _____ First name _____ Last name _____

Please notify:

First name _____ Last name _____
Address _____ City/State/Zip _____
Country _____

Message _____

Billing Information:

- Make this gift on behalf of an organization.
First name _____ Last name _____
Address _____ City/State/Zip _____
Country _____

- I would like my gift to remain anonymous.

Payment Information:

- My company will match my donation \$ _____ (Company name) _____
- Enclosed is my check for \$ _____ payable to **Lighthouse Guild**
- Please charge my AmEx Visa Mastercard Discover
- Credit card number: _____
Expiration date: _____ CVV number: _____
Name (as it appears on card) _____
Signature: _____
Address _____ City/State/Zip _____
Phone (day) _____ Email _____

Please mail this form to Lighthouse Guild, Attention: Development Department, 250 West 64th Street, New York, NY 10023 **THANK YOU!**