



Print and Mail Donation Form

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Phone (____) _____

Enclosed is my Check for (Check One):

____ \$100 ____ \$50 ____ \$25 ____ \$10 Other \$ _____

Mail this form to:

Inland Empire Lighthouse for the Blind, Inc.
359 E. Parkcenter Circle South
San Bernardino, CA 92408
909-884-3121