



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 \$ _____

If this gift is in honor or memoriam, please provide name:

Acknowledgment to be sent to:

Name: _____

Address: _____

Please mail this form to:

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