



INLAND EMPIRE
LIGHTHOUSE
FOR THE BLIND

Print and Mail Donation Form

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Enclosed is my check in the amount of: _____

Please indicate the name and intention of your gift:

Birthday: _____

In Honor of: _____

Anniversary: _____

In Memory of: _____

General Donation: _____

Acknowledgment to be sent to:

Name: _____

Address: _____

Please mail this form to:

Inland Empire Lighthouse for the Blind
359 E. Parkcenter Circle South
San Bernardino, CA 92408

Please feel free to contact us with any questions at 909-884-3121