



Contribution Form

Your gift is greatly appreciated and fully deductible as a charitable contribution.
A copy of our most recent financial report can be accessed at lablind.com,
or by calling (318) 635-6471 x262.

Please use my gift to support:

- Area of Greatest Need Vision Rehabilitation Programs
 Building Fund Other _____

Your Name: _____
Your Address: _____
City, State, Zip: _____
Phone: _____ Home Work Cell
Email: _____

Amount Enclosed: \$25 \$50 Other: \$ _____
 \$75 \$100

- Check enclosed Visa Mastercard
 American Express Discover

Card # _____ Exp. Date: _____
Name on Card: _____
Signature: _____

The enclosed gift is:

- In memory of: _____
 In celebration of: Birthday Anniversary Wedding Graduation
 New Baby Holiday (describe): _____
 Other (describe): _____

Please notify:

Name: _____
Address: _____
City, State, Zip: _____

**Louisiana Association for the Blind will send your honoree a handmade card
announcing your gift.**