



Blind Service Association

Serving the Blind and Vision Impaired since 1924

17 North State Street • Chicago, Illinois 60602-3510 • Phone (312) 236-0808

Tribute Card Contribution Form

For contributions in memory of deceased persons or in tribute to those celebrating special occasions: (birthdays, anniversaries, graduations, etc.). A card will be sent to the person(s) you designate immediately upon receipt of this completed form and your check, payable to Blind Service Association.

Contributions are tax-deductible.

Thank you. Your generosity will help us provide needed services to people with visual disability. (Please complete form on other side.)

(Please print or type)

Name of Donor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Amount of contribution: \$ _____ (Tax deductible)

Please make check or money order payable to Blind Service Association

Charge to my Visa Master Card Discover Am.Exp _____

Card Number _____ Exp. Date _____ Code# _____

Card Name _____

Signature _____

For Credit Card contributions: Gift must be over \$25.00.
Name, address and phone number are required.

The amount of your contribution will be confidential and will not be disclosed to person(s) being notified of your remembrance.

Tribute Card to be sent:

In memory of _____

To honor _____

Occasion (Birthday, etc): _____

Person to be informed of your thoughtfulness:

Name _____

Address _____

City _____ State _____ Zip _____