



Headquarters and Training Center  
 611 Granite Springs Road  
 Yorktown Heights, NY 10598  
**T:**914-245-4024  
**F:**914-245-1609  
**GuidingEyes.org**

**Thank you for supporting Guiding Eyes for the Blind.**  
 Please use this form to mail a check or credit card donation to the address above.

**Donation** - Please make checks payable to Guiding Eyes for the Blind.

**Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State,Zip:** \_\_\_\_\_  
**Are you a Guiding Eyes Graduate:**  Yes  No  
**Phone #:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**This gift is from a:**  Foundation  Company  Organization  
**Entity Name:** \_\_\_\_\_  
**Donation Amount:** \_\_\_\_\_  
**Credit Card #:** \_\_\_\_\_ **CVV:** \_\_\_\_\_ **Exp. /** \_\_\_\_\_  
mm/yyyy  
**Credit Card Type:**  Mastercard  Visa  Amex  Discover

**I would like my donation to be a:**  **One-Time Gift**  **Monthly Gift**

**Dedication** - for a minimum contribution of \$25 or more, we will send you an acknowledgement of your gift, while the individual or group you designate will receive a memorial or tribute card informing them that a gift in Guiding Eyes has been made in their name.

**Please make my gift in:**  Memory  Tribute  Holiday Tribute  
**In memory/honor of:** \_\_\_\_\_  
**Is this gift in memory/honor of a Guiding Eyes Graduate:**  Yes  No  
**Please send card to:** \_\_\_\_\_  
 Name of Family/Organization to be notified  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City, State, Zip  
**From:** \_\_\_\_\_  
 Name as you would like to appear, e.g. Aunt Anna



Your contribution is tax-deductible. A receipt will be forwarded shortly.