



DONATION FORM

Thank you for your support of Helen Keller Services for the Blind! Please complete this form and mail to:

Development Department
Helen Keller Services for the Blind
57 Willoughby Street, 6th Floor
Brooklyn, NY 11201

or fax to 718-935-9463

Enclosed is my check in the amount of \$ _____ (Please make all checks payable to Helen Keller Services for the Blind)

YOUR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

Please charge my credit card in the amount of \$ _____

Visa MasterCard American Express

Account Number: _____ Expiration Date: _____

Signature: _____

****IF THIS IS A DONATION IN MEMORY OR HONOR OF SOMEONE, PLEASE FILL OUT THE INFORMATION BELOW****

In Memory / Honor of: _____

Send Memorial / Honor Card to: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

All contributions are tax-deductible to the extent allowable by law.