



WSBF | Washington School for the Blind
Foundation

Mail or fax this form to:

WSBF
2214 E. 13th Street
Vancouver, WA 98661
Phone: 360-696-6321 ext, 176
Fax: 360-737-2120

My Gift to Support the Washington School for the Blind Foundation

Please use my donation to support:

- | | |
|--|--|
| <input type="checkbox"/> General Donations | <input type="checkbox"/> Foundation Program Development |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> In Memory/Honor of: _____ |
| <input type="checkbox"/> Technology for WSSB Seniors | <input type="checkbox"/> Val Ogden Society for the Blind Endowment |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Sensory Safari, Tactile Museum of Natural History |

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please accept my gift of \$ _____

- Check enclosed Please charge my credit card

Please accept installments of \$ _____

- Per quarter Per month

- My first installment is enclosed.
- Charge m credit card automatically on the first business day of the month when payment is due.
- Send me a reminder for my first installment to be paid in _____ (month).

Name(s) you would like to appear in WSBF acknowledgements and program listings

(for gifts at the \$500 level and above): _____

- Please send me information on will/estate planning.
- I have already included **WSBF** in my will/estate plan.

Credit Card Information:

- Visa MasterCard

Card Number _____ Expiration Date _____

Signature _____