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DONATION FORM

www.lvib.org
lighthouse@lvib.org

Please print and complete this form, then fax or mail it to one of our locations listed above. You may also make donations securely online at www.lvib.org.

Your Name: _____

Mailing Address (Street, City, State, Zip): _____

Daytime Telephone No.: _____ Email Address: _____

Type of Donation and \$ Amount

One Time Donation:	Friends of the Lighthouse*:	Memorial or Tribute Donation:
_____	_____	_____

*Please visit www.lvib.org to learn about the Friends of the Lighthouse Annual Giving Program.

Memorial or Tribute Donation

If this donation is a memorial or a tribute, please provide the details:

This donation is a Memorial in the name of: _____

This donation is a Tribute to: _____

Please send a card to the following person/family:

Name: _____

Mailing Address (Street, City, State, Zip): _____

Note in the card: _____

Method of Payment

I am paying with the attached Check

I am paying by Credit Card using: Visa MasterCard Discover AmEx

Name on the Credit Card: _____

Billing Address (Street, City, State, Zip): _____

Credit Card No.: _____ Expiry Date: _____

Card Security Code (the last 3-digits provided on the back of the card): _____

Signature: _____ Date: _____

Thank You for Your Support!

Notes:

- The Card Security Code is the last 3 digits on the back of your card. This code is now required on all ‘card not present’ transactions.
- Lighthouse for the Visually Impaired and Blind, Inc. is a 501(c)3 organization serving Pasco, Hernando and Citrus Counties. A copy of our official registration and financial information may be obtained from the Division of Consumer Services by visiting the Gift Givers’ Guide at <http://csapp.800helpfla.com>, or by calling toll-free 1-800-435-7352. Please quote our Florida Registration Number: CH662. Registration does not imply endorsement, approval, or recommendation by the state.