



Cincinnati Association for the Blind & Visually Impaired

Offering blind and visually impaired people the opportunity to seek independence

DONATION FORM

If you would like to mail your donation, please print out this form, complete the form and mail to:

Cincinnati Association for the Blind & Visually Impaired
2045 Gilbert Avenue • Cincinnati, OH 45202

Please direct questions to Kathy Gottschlich, director of development and community relations, at 513-487-4233 or email to kathy.gottschlich@cincyblind.org.

1. Donor Information

Name _____
Street _____
City / State / Zip _____
Email: _____
Phone: _____

Names of donors making gifts of \$25 or more, memorial gifts or honorary gifts are recognized in our annual report and on our web site. Please indicate how you would like your name to appear:

2. Gift Information

- Enclosed is a gift to CABVI's Annual Campaign in the amount of: \$ _____
- Enclosed is a gift of \$ _____ in memory of _____
- Enclosed is a gift of \$ _____ in honor of _____

(A gift of \$25 or more qualifies you as a member of CABVI and entitles you to receive our newsletter, Viewpoint, our annual report and an invitation to our annual meeting held in the spring.)

Your memorial or honorary gift will be acknowledged and the gift amount kept confidential.

Please send an acknowledgment of this gift to:

Name _____
Street _____
City / State / Zip _____

3. Payment Information

- Check enclosed made payable to CABVI.
- Charge to: VISA MasterCard
- Account number _____
- Expiration Date _____ CVV Code _____
- Phone Number _____
- Signature _____

4. Other

- List my name as ANONYMOUS in all CABVI publications.
- Remove my name from CABVI's publication mailing list.
- Send information on services offered by CABVI.
- Send information on Monthly Giving Program.