Agency Donation Form

Please make check payable to: **GDABVI**

Mail to:  
**Greater Detroit Agency for the Blind and Visually Impaired**  
16625 Grand River Avenue  
Detroit, Michigan 48227-9957

**Donor Information:**

Name__________________________________________________________

Address________________________________________________________________________

City, State, Zip______________________________________________________________

Phone (home) _____________________ (Business)_____________________

E-mail address ____________________________

Thank you for helping increase the self-reliance of those with severe vision loss. Please let us know if you would like to:

- Refer someone who can benefit from our services
- Have our staff speak to your organization
- Include GDABVI in my will
- Request information on Agency programs
- Volunteer

☐ $1,000  ☐ $500  ☐ $100  ☐ $50  ☐ Other $___________

Would you like to make this gift a memorial or honorarium?  ☐ Yes  ☐ No

- In memory of________________________________________________________

- In honor of________________________________________________________

Please send acknowledgement of this gift to: (amount is confidential)

Name__________________________________________________________

Address________________________________________________________________________

City, State, Zip______________________________________________________________