



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 _____