

Lighting Paths to Independent Living

Your name _____

Address _____ City _____ Zip _____

Preferred contact phone (please circle) Home Business () _____

Pledge amount \$ _____

Levels of Recognition:		
C	<u>Champion</u>	\$1,000
C	<u>Compassionate</u>	\$500
B	<u>Benefactor</u>	\$250
V	<u>Visionary</u>	\$100
I	<u>Inspired</u>	other: _____

_____ I have enclosed a check. ***Please make your check payable to CCBVI.***

_____ Please bill my credit card: _____ Visa _____ MasterCard

Name (as it appears on the card) _____

Card number _____

Signature _____

Community Center for the Blind and Visually Impaired
Is a private, non-profit organization.
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