



The Sight Center  
of northwest ohio

### Annual Campaign Gifts

Enclosed is my/our gift of  \$1,000  \$500  \$50  \$25  Other \_\_\_\_\_

Please print name as you would wish to be listed in donor rolls:

\_\_\_\_\_

Please do not list me in donor rolls. I prefer that this gift remain anonymous

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Donation amount \$ \_\_\_\_\_

My check is enclosed (make checks payable to The Sight Center of Northwest Ohio)

Charge my gift to my Visa or MasterCard. The expiration date is \_\_\_\_\_

My card number is \_\_\_\_\_

Card holder signature \_\_\_\_\_

My matching gift form is enclosed

#### **Please make this gift in**

Honor of: \_\_\_\_\_

Celebration of: \_\_\_\_\_ Occasion if applicable \_\_\_\_\_

Memory of: \_\_\_\_\_

Please send acknowledgement to:

Name: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### **Thank you for your gift!**

Please mail completed form to The Development Office,  
The Sight Center of Northwest Ohio, 1002 Garden Lake Parkway, Toledo, Ohio 43614

The Toledo Society for the Blind, doing business at The Sight Center of Northwest Ohio is a charitable 501 (c)(3) organization. Donations are tax deductible as allowed by law.