



The Sight Center  
of northwest ohio

### Tribute Gifts – Honor/ Celebration/ Memory

In Honor

In Celebration

In Memory

#### Donor Payment Information

Donor Name \_\_\_\_\_

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

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

Donor Telephone Number \_\_\_\_\_ Donor Email \_\_\_\_\_

Amount of Donation \$ \_\_\_\_\_

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

Charge it to my Visa/ MasterCard Expiration Date \_\_\_\_\_

Card number \_\_\_\_\_

Cardholder signature \_\_\_\_\_

My employer matching gift form is enclosed

#### Acknowledgement Information

Please send acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Notes: \_\_\_\_\_

**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.