

Alaska Center for the Blind & Visually Impaired

Equipping Alaskans who are blind and visually impaired for success in life and work

I would like to give. . .

\$ _____ for _____ years

I want to be a member of the

Circle of Visionaries

(Please choose your preferred level below.)

Service

\$1,000 a year for 5 years

Independence

\$5,000 a year for 5 years

Success Story

\$10,000 a year for 5 years

Your Information

Your name: _____

Address: _____

Phone: (h) _____ (w) _____

E-Mail: _____

Payment

My check is enclosed, made payable to ACBVI. If this is your first payment on a pledge, **please note** if you'd like us to remind you of your pledge:

annually quarterly monthly

Please charge my VISA or Mastercard for \$ _____. **Circle one:**

one time annually quarterly monthly

Card # _____ Expires: _____

Signature: _____

My company will match my gift in the following amount: \$ _____

Company: _____

3903 Taft Dr., Anchorage, AK 99517; 248-7770; www.alaskabvi.org

Your investment builds confident lives for Alaska. Thank You!