

YES, I want to help!

Enclosed is my gift of: \$ 25 \$ 50 \$ 100 \$ 250 Other \$ _____

Please make checks payable to Braille Institute Today's Date _____

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone (_____) _____ E-mail _____

Please charge my: Visa MasterCard Discover American Express

Card # _____ Expiration Date __ / __

Security Code ____ ____ ____ (Last 3 digits on back except AMEX, where it is the 4 digits on front of card)

Name as it appears on card _____

Signature (required) _____

Please designate my gift as follows: Where the need is greatest Other _____

Tribute Fund Gifts: In memory of _____

In honor of _____ Occasion _____

Please notify: Name _____

 Address _____

 City _____ State _____ ZIP _____

Please send me information about how I can help both Braille Institute and myself:

- How to remember Braille Institute in my will or trust
- How a Charitable Gift Annuity will provide me with income for life, AND reduce my investment risk and tax liability
- I prefer to have someone call me. My phone number is (_____) _____
- Yes! Braille Institute is remembered in my will or trust.

Our legal title is Braille Institute of America, Inc.

Please mail to: BRAILLE INSTITUTE
741 North Vermont Avenue
Los Angeles, CA 90029

Questions? 1-800-BRAILLE (272-4553), ext. 1238
www.brailleinstitute.org/donate



*Empowering visually impaired
people to live fulfilling lives*