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FRIENDS OF LIGHTHOUSE ENROLLMENT FORM

Please print and complete this form, then fax or mail it to one of our locations listed above, along with your first donation. You may also make donations securely online at www.lvib.org. If you are making an annual donation in several installments, we'll speak with you to get the details.

Your Contact Information

Your Name: _____
Mailing Address (Street, City, State, Zip): _____
Daytime Telephone No.: _____ Email Address: _____

Donation Amount (Minimum \$50 per year)

Total Annual Donation (annual pledge): \$ _____
Amount of **this** donation: \$ _____

Method of Payment

<input type="checkbox"/>	I am paying with the attached check
<input type="checkbox"/>	I am paying by Credit Card using: __ Visa __ MasterCard __ Discover __ Amex

Name on the Credit Card: _____
Billing Address (Street, City, State, Zip): _____
Credit Card No.: _____ Expiry Date: _____
Card Security Code (the last 3-digits provided on the back of the card): _____
Signature: _____ Date: _____

Thank You for Your Support!

Office Use Only:

Frequency for Making Donations

Monthly: Quarterly: Annually:

Other donation information (publicize name, schedule reminders, etc.):

Notes:

- The Card Security Code is the last 3 digits on the back of your card. This code is now required on all 'card not present' transactions.
- You can choose to give annually, quarterly or monthly.
- You can setup a friendly reminder with us, so we can let you know when it's time to make your next donation.
- Donating by Automatic Withdrawal is available online, using credit, check or debit cards and PayPal. If you are interested in setting up an automatic withdrawal, please visit our website and click on the **Donate** button.
- If you send in a check, please make it payable to Lighthouse for the Visually Impaired and Blind, Inc. and indicate that your donation is for the 'Friends of Lighthouse Program'.
- You can discontinue your participation in the program at any time.
- Lighthouse for the Visually Impaired and Blind, Inc. is a 501(c)3 organization serving Pasco, Hernando and Citrus counties. A COPY OF OUR OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY VISITING THE GIFT GIVERS' GUIDE AT [HTTP://CSAPP.800HELPFLA.COM](http://CSAPP.800HELPFLA.COM), OR BY CALLING TOLL-FREE 1-800-435-7352. PLEASE QUOTE OUR FLORIDA REGISTRATION NUMBER: CH662. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.