

**YES!** I'd like to keep Braille Institute's services free of charge!



**Enclosed is my gift of:**     \$ \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please charge my:**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (Last three digits on back except AMEX where it is the four digits on front of the card)

Name as it appears on the card: \_\_\_\_\_

Signature (required): \_\_\_\_\_

**Please designate my gift to:**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Area most needed | <input type="checkbox"/> Los Angeles   | <input type="checkbox"/> Library      |
| <input type="checkbox"/> Anaheim Center   | <input type="checkbox"/> Riverside     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coachella Valley | <input type="checkbox"/> San Diego     |                                       |
| <input type="checkbox"/> Laguna Hills     | <input type="checkbox"/> Santa Barbara |                                       |

**Tribute Gift:**

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_ Occasion: \_\_\_\_\_

Please notify:     Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please mail to:     Braille Institute  
741 N. Vermont Ave.  
Los Angeles, CA 90029

Questions: 1-800-BRAILLE (272-4553), extension 1238

Give Online: [www.brailleinstitute.org/donate](http://www.brailleinstitute.org/donate)