

Anchor Center for Blind Children  
2550 Roslyn St.  
Denver, CO 80238

Email Address \_\_\_\_\_

I would like to receive Anchor Center news, announcements and information via email.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Yes, - I/we want to support Anchor Center. Please accept my/our gift of:

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

- Check is enclosed for \$ \_\_\_\_\_
- Please make payable to: Anchor Center for Blind Children
- Please bill me/us.
- Please accept my credit card payment:
  - This is a continuous gift of \$ \_\_\_\_ per month through Month \_\_\_\_ Year \_\_\_\_ .

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

Visa  Mastercard  AMEX

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

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

- My employer \_\_\_\_\_ will match my gift. Enclosed is a matching gift form.
- Provide me with information about how to remember Anchor Center in my will/estate plan.
- Anchor Center for Blind Children is included in my will.
- Check here if you DO NOT want your gift publicly acknowledged.
- My/our gift is made in honor of: \_\_\_\_\_
- My/our gift is made in memory of: \_\_\_\_\_

Please send an acknowledgement of my honor or memorial gift to:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Donations also qualify for the Colorado Child Care Tax Credit, a credit of 50% of the total contribution as well as standard federal and state deductions. **THANK YOU** for supporting Anchor Center for Blind Children.