Donation Form

I want to help the New Jersey Blind Citizens Association continue improving the lives of the blind and visually impaired!

Enclosed is my gift of:

❑$1,000 ❑$500 ❑$250 ❑$100 ❑$50 ❑$25 ❑$_____

❑ My check is enclosed, made payable to **NJBCA**

❑ Please charge my: Visa Mastercard AMEX Discover

Card #: _____ Exp Date: _____ Security Code: _____

Name as it appears on card: _____

Billing & Donor Listing Information

This donation is from (please check one): ❑ An individual or family
❑ A company or community group

Name: _____

Company or Group (if applicable): _____

Address: _____ _____
Street *City* *State* *Zip*

Email Address: _____ Phone: _____

List the donor of this gift as: _____

❑ This gift is a tribute made:

In honor of: _____

In memory of: _____

❑ Please send a tribute acknowledgement to:

Name: _____

Address: _____ _____
Street *City* *State* *Zip*

❑ My employer (or my spouse's employer) has a matching gift program. My completed matching gift form is enclosed (see your HR department for details).

Thank you for your support! Please send this completed form with your gift to:

NJBCA – Camp Happiness – 18 Burlington Avenue – Leonardo, NJ 07737