



Become A Miracle Worker Today!

It is safe, easy, and kinder to the environment.

Monthly Giving Enrollment Form

Join a dedicated group of Perkins School for the Blind friends who support our work throughout the year by donating a specified amount each month. Once you sign up, the process is automated, and your donations go where they are needed most. **To join, please complete this enrollment form and mail or fax back to Perkins. Thank You!**

PERSONAL INFORMATION:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address*: _____

Phone Number: _____

** By sharing your email address with us, we will be able to send you information about how your gift is helping Perkins. In addition, you will receive periodic emails regarding events and opportunities to further support Perkins. You can choose to unsubscribe to these emails at any time. Your privacy is important to us. Your email address will be used only by Perkins and will not be sold, shared or distributed.*

PAYMENT AMOUNT:

Choose your monthly donation amount and charge to your account monthly. (Your monthly gift will appear on your credit card statement. A minimum monthly gift of \$10 is required.)

__\$10 __\$15 __\$20 __\$25 __\$50 __\$100 Other \$ _____

Charge my monthly gift to my:    

Credit Card Number: _____

Credit Card Verification Code (CVV): _____ * these are the last 3 digits on back of card

Expiration Date: ___ / ___ / ___ Cardholder Name: _____

I authorize to charge the above account in my name the monthly gift amount I have elected. This authorization shall remain in effect until I notify Perkins School for the Blind in writing or verbally that I wish to end this agreement. A record of each charge will be included in my credit card statement and will serve as my receipt. In the event of an error, I have the right to instruct my bank to reverse any charge. I have the right to cancel at anytime.

Printed Name: _____ Date _____

Signature: _____

Please send this enrollment form with your credit card information to: **Perkins Trust
Perkins School for the Blind**

THANK YOU FOR YOUR SUPPORT!
Questions? Please call 617-972-7879

**175 N. Beacon St.
Watertown, MA 02472
Fax: 617-972-7334**