



## Mail-In Gift Form

### Gift Information:

I/we wish to support Perkins School for the Blind with a gift of: \$ \_\_\_\_\_

I would like to make this a monthly gift

### Direct This Gift To:

Unrestricted/Where most needed

Name of Program/Fund: \_\_\_\_\_

### Donor Information:

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

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

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

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

### Payment Information:

Enclosed is my check made payable to Perkins School for the Blind

Please charge my credit card:  Visa  MasterCard  AmEx  Discover

Credit Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Honor/Memorial Gift Information (if applicable)

I am making this gift in honor/memory of (circle one): \_\_\_\_\_

Name and address of person to be notified: \_\_\_\_\_

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**Please send this form along with your check or credit card information to:**

Perkins School for the Blind  
Perkins Trust  
175 North Beacon Street  
Watertown, MA 02472

Last updated January 2017  
PSB-WEB