



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

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: _____

Planned Giving:

Yes, I would like to learn more about remembering Perkins School for the Blind in my will.

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

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