



Donation Form

Yes! I would like to contribute to the BALANCE experience.

Enclosed is my donation of:

\$35.00 **\$50.00** **\$100.00** **\$200.00** **Other** _____

Cheque enclosed (payable to BALANCE for Blind Adults)

or

Credit card (indicate one) Visa _____ MasterCard _____

Card # _____ Expiry Date _____

Signature _____

Name _____

Street _____

City & province _____

Postal code _____

Phone _____

Email _____

Mail to:

Fax to:

BALANCE for Blind Adults
4920 Dundas St. W., Suite 302
Toronto, Ontario M9A 1B7

416-236-4280

Tax receipts will be provided for donations of \$10.00 or more

Thank you for supporting BALANCE for Blind Adults in helping blind and vision-impaired adults reach their goals

Charitable tax # BN13278 4851 RR0001