

**Please complete form and mail with payment to:**

**Arizona Center for the Blind and Visually Impaired**

ATTN: Donations  
3100 East Roosevelt St.  
Phoenix, AZ 85008

*Be sure to enclose your check or your credit card information.*

**Donor Information:**

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**Payment Information:**

Check enclosed for \$ \_\_\_\_\_ Check # \_\_\_\_\_

Please make checks payable to ACBVI

OR Charge my gift of \$ \_\_\_\_\_ with my

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Account Number. \_\_\_\_\_

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Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Signature \_\_\_\_\_

Thank you for your very generous gift to ACBVI. All gifts are tax-deductible to the extent allowable by law and qualify for the Arizona Charitable Tax Credit.

Federal Tax ID# 86-0133392 Arizona QCO# 20466

Please call 602-396-7374 or email [development@acbvi.org](mailto:development@acbvi.org) with questions