



New Hampshire Association for the Blind

please print this form and mail to the address below

- Enclosed is a check payable to the New Hampshire Association for the Blind (NHAB) in the amount of \$ _____.

Please charge this gift to: Visa MasterCard Total \$ _____
Cardholder's Name (please print): _____
Card #: _____ 3-Digit Sec. Code: _____
Exp. Date: _____ Signature (required): _____

- In memory of / in honor of: _____

Please designate this gift to: General Operating Expenses Aids and Devices
 Client Transportation Where needed most

Your Name(s): _____

Address: _____

City/St/Zip: _____

Phone: _____ Email: _____

Acknowledge my gift to (if applicable): _____

Address: _____

City/St/Zip: _____

Phone: _____ Email: _____

New Hampshire Association for the Blind

25 Walker Street
Concord, NH 03301
603-224-4039, x326

www.sightcenter.org