



You can turn their darkness into light!

Please join us in bringing hope and a future to those who are blind

Automatic Recurring Checking Account (EFT) or Credit Card Donation Form

Name: _____ (please print)

Mailing Address: _____

City _____ State/Province _____ Zip _____

Country: _____ Phone: (____) _____ Email: _____

I prefer to make my gifts:

___ monthly ___ quarterly (first month of every quarter) ___ annually (beginning the month of: _____)

Through my: ___ checking account ___ credit card

(Using your checking account allows more funds to be used to help the blind)

I authorize Resources for the Blind to make the following automatic transfer in the amount of:

___ \$25 ___ \$50 ___ \$100 ___ \$500 Other: \$ _____

Automatic transfers will occur on the following day (please check one):

___ 5th or ___ 20th

- If you select **Checking Account**, please send a check for your first month's gift. Once we receive your check, your checking account will be automatically drafted for your recurring gifts.
- If you select **Credit Card** account: (check one)
___ Visa ___ MasterCard ___ American Express ___ Discover

Credit Card # - - Expiration Date ____/____

This authorization will remain in effect until you notify Resources for the Blind that you wish to change your recurring contribution. If you agree then please sign below. To change the amount or to discontinue these payments at anytime, please call (803) 790-9264 or email us at usa@blind.org.ph

Signature _____ Date ____/____/____

All donations are tax-deductible. Resources for the Blind will appear on your checking or credit card statements

Please send this form to identify and receipt your donation
Resources for the Blind, PO Box 4499, Columbia SC 29240
Tel. 803-790-9264 Fax 803-790-9264 (call first) Email: usa@blind.org.ph
www.blind.org.ph

If a particular project, program, or item has been fully subscribed, RBI will use the surplus funds for another program within its area of focus.