

# FRIENDS OF ENCHANTED HILLS FUND DRIVE

## Pledge Form

### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

### Pledge Information

- \$1200 will send a blind child to Enchanted Hills Camp for a week
- \$500 can fund employment services for a blind jobseeker
- \$250.00 can help blind seniors learn vital skills
- \$100.00 can help adults learn adaptive technology
- \$50.00 can help fund an adaptive cooking class
- \$25.00 can buy sports equipment for blind camper
- Other \$ \_\_\_\_\_

**Deliver Pledge Form by:**

Fax to: 707-252-1554  
 Email: [leslies@thernelectric.com](mailto:leslies@thernelectric.com)  
 Snail Mail:  
 3405 Mount Veeder Rd  
 Napa CA 94558

I (we) pledge a total of \$ \_\_\_\_\_ to be paid: \_\_\_\_ now \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ yearly.

I (we) plan to make this contribution in the form of: \_\_\_\_ cash \_\_\_\_ check \_\_\_\_ credit card \_\_\_\_ other.

Credit card type	IF YOU WISH TO CHARGE YOUR DONATION, ENCHANTED HILLS LIGHTHOUSE FOR THE BLIND WILL CONTACT YOU FOR THIS INFORMATION.
Credit card number	
Expiration date	
Authorized signature	I WOULD LIKE TO USE MY CREDIT CARD _____

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Enchanted Hills Camp  
 C/O Light House for the Blind  
 214 Van Ness Avenue  
 San Francisco, CA 94102  
 TEL: 415-431-1481