

Giving Form



To make a contribution, please complete and mail this form to:

Clovernook Center for the Blind and Visually Impaired
7000 Hamilton Avenue
Cincinnati, Ohio 45231

Your contribution to Clovernook Center for the Blind and Visually Impaired makes you a part of a community that is dedicated to promoting independence and fostering the highest quality of life for people with visual impairments, including those with additional disabilities. Thank you for choosing Clovernook.

YOUR INFORMATION

Name(s): _____
Address: _____
City: State: Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____

GIFT AMOUNT \$ _____

PAYMENT INFORMATION

Check enclosed payable to Clovernook Center for the Blind and Visually Impaired

Credit Card:

Name on card: _____
Card Number (Visa or MasterCard): _____
3 Digit CVV code: *(on the back of your card)* _____
Expiration date: _____
Billing address: _____
City/State/Zip: _____

(If different from the address, above)

I'M INTERESTED IN RECEIVING INFORMATION REGARDING:

Volunteer opportunities
Establishing a legacy gift through my will
I already have included Clovernook in my will

www.clovernook.org