



1825 K St. NW, Suite 1103  
Washington 20006

Phone: (202) 454-6400  
[www.clb.org](http://www.clb.org)

# Donation Pledge Form

I would like to help support Columbia Lighthouse for the Blind

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gift Amount: \_\_\_\_\_

Credit Card Type (Please circle one): Visa / MasterCard / American Express / Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

You may also send your check, made payable to:

**Columbia Lighthouse for the Blind:**

1825 K St. NW, Suite 1103  
Washington 20006  
USA