

# Beyond Blindness

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(714) 573-8888 FAX (714) 573-4944  
[beyondblindness.org](http://beyondblindness.org)  
TAX ID: #95-6097023



DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### DONATION CATEGORY: (PLEASE CHECK BOX)

Event Donation     Classroom or Office Supplies     Other

Description of Item(s) Donated:	
<b>Approximate Value of Item(s) Donated: (Must Be Completed by Donor)</b>	<b>\$</b>

### OFFICE USE ONLY

Item(s) Received By: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note to Staff:** 1) Make a copy of the donation form for the donor.  
2) Submit original completed form to Josh Scott at [josh.scott@beyondblindness.org](mailto:josh.scott@beyondblindness.org)