



MONTHLY GIVING

I would like to make a monthly gift of \$_____ to support the work of the Council and become a member of the White Cane Circle.

Please charge my credit card: **Visa** **MasterCard** **Discover**

Card Number: _____

Expiration Date: _____ 3 digit code (on back of card): _____

Name (printed) as it appears on card: _____

Please withdraw from my: **Checking account** **Savings account**

Name on the Account: _____

Name of Bank, City, State: _____

Bank Routing Number (9 digits from bottom left of check): _____

Account Number: _____ Please include a voided check with this form.

Your address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Send this completed form to: Wisconsin Council of the Blind & Visually Impaired, 754 Williamson Street, Madison, WI 53703

I wish to remain anonymous.

This donation will be made on or near the 10th of each month and will remain in effect until cancelled in writing. WCBVI is a 501(c)(3) nonprofit organization and your gift is tax deductible to the extent allowed by law.

THANK YOU for supporting the Wisconsin Council of the Blind & Visually Impaired!

Contact Lori Werbeckes, Fund Development Director, at (608)237-8114 or
LWerbeckes@wcbblind.org with any questions.