



Mail or fax this form to:  
**School of Piano Technology for the Blind**  
**2510 East Evergreen Blvd**  
**Vancouver, WA 98661**  
Phone: (360) 693-1511  
Fax: (360) 693-6891  
Email: [julial@pianotuningschool.org](mailto:julial@pianotuningschool.org)

## **My Gift to Support the School of Piano Technology for the Blind**

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

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

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

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

### **Please use my donation to support:**

- |   |  |
|---|--|
| <input type="checkbox"/> General Donations      | <input type="checkbox"/> New Program Development   |
| <input type="checkbox"/> Scholarships           | <input type="checkbox"/> In Memory/Honor of: _____ |
| <input type="checkbox"/> Technology Update Fund | <input type="checkbox"/> Other _____               |

**All gifts empower blind and visually impaired people to lead independent, productive lives. Thank you!**

Please accept my gift of \$ \_\_\_\_\_

- Check enclosed       Please charge my credit card

Credit Card Information:

- Visa       MasterCard

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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