



# Israel Guide Dog Center

**I WANT TO HELP THE ISRAEL GUIDE DOG CENTER'S LIFE-CHANGING WORK WITH MY GIFT**

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

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is a check for \$ \_\_\_\_\_ made payable to the **Israel Guide Dog Center for the Blind**

Please charge \$ \_\_\_\_\_ to

Visa       Mastercard       American Express

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Honor       Memory

Send acknowledgment to: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Message \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please send back the completed form to:

Israel Guide Dog Center  
968 Easton Rd Ste H  
Warrington, PA 18976  
info@israelguidedog.org