



13279 Audrey Lane, Grand Ledge, MI 48837 517.622.0574 www.chosenvision.org

## □ Yes, I want to make a difference at Chosen Vision!

Name				
Address	Cit	ty/State/Zip		
Phone (	) En	nail		
One-Time Gift:	□ I wish to make a one-time gift of \$	to Chosen Vision.		
K M H H	I wish to make a one-time gift of \$	to the Chosen Vis	sion-DeWitt Building Campaign	
	□ Please accept my gift of \$ i	n Honor/Memory ( <i>circle one</i> ) o	f:	
Pledge:	I wish to make a pledge of \$	for the following duratior	ו:	
	🗖 1 year 🗖 3 years 🗖 5 years			
14	Enclosed is my first payment of \$	to be paid: 🛛 annually	🖵 monthly	
Payment Options:				
Check payable to: Chosen Vision				
Call me for credit card information				
Charge to:VisaMasterCardDiscover				
Card #				
Exp. Date			Chosen Vision, Inc. is a 501©3 charitable organization that exists for the sole purpose of providing long-term care for the developmentally disabled.	
Signature				
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