

Donation Form



Donor Information

First name:

Last name:

Street address:

City:

State:

Zip code:

E-mail address:

Phone:

Monetary Donation:

Miscellaneous Donation:

Description of miscellaneous
Donation

\$10

Other

Check #

Please mail all checks to:

**BETTER VISION FOR CHILDREN - Texas Chapter
5903 Volunteer Place, Rockwall, TX 75032**

Credit Card Number:

Credit Card Expiration Date:

CRV Code:

Acknowledgement Information

Please use the following name(s) in all acknowledgments:

BVC representative's name and
signature:

BETTER VISION FOR CHILDREN - Preventing Loss of Vision and Life for 26 Years
Texas Chapter, 5903 Volunteer Place, Rockwall, TX 75032
214.785.6533 (phone) 214.785.6534 (fax)
ann@bvc-tx.com (director) ryan@bvc-tx.com (volunteer) rus@bvc-tx.com (volunteer)

**This form acts as a receipt with the BVC representative's name and signature only.
Thank you for supporting BVC**