

## **Print & Send Donation Form**

Please mail your tax-deductible donation along with this form to:

GoodVision USA P.O. Box 600121 Newtonville, MA 02460

**Donor Information:** 

| First Name:   | _ Last Name: |      |
|---|--------------|------|
| Address:  |              |      |
| City:   | State:       | Zip: |
| Email:  | Phone:       |      |
| Gift Amount:  |              |      |
| ☐ Yes, I would like to receive online communication from GoodVision USA |              |      |

Thank you for your help! You will receive acknowledgement for tax purposes through your contact information.

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