

# Oak Hill Donation Form

**YES, I would like to help children and adults with visual impairments and multiple disabilities reach their highest potential.**

**Please accept my donation of:** \$ \_\_\_\_\_

Please apply my donation to:  Wherever it is most needed  Restricted: \_\_\_\_\_

I would like to make my gift via:  Check  Credit Card (MasterCard, VISA or Discover)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Please print name: \_\_\_\_\_

**I would like to make my gift:**  In Memory  In Honor of:

\_\_\_\_\_

Please send the family/honoree acknowledgment to:

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

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

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

I would like information about Oak Hill's programs and services.

Please send me information about including Oak Hill in my will.

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

**Fax:** (860) 242-3103

**OR**

**Mail to:**

Oak Hill

120 Holcomb Street

Hartford, CT 06112-1589

Attn: Development Office

