My Book a Year gift in the amount of $ _____ ☐ Check enclosed ☐ Please charge my credit card

This gift is ☐ in honor of ☐ in memory of _____

Please list this contribution as coming from: _____

Please charge my payment for ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name on card: _____ Card #: _____

Authorization signature: _____

A confirmation of your transaction will be sent to you via e-mail to Address: _____

_____

Please make your check payable to Literacy Volunteers and mail this form and check to:

Literacy Volunteers of Greater Orlando, P.O. Box 0001, Orlando, FL 32802-0001

Questions? Call 407-246-2221 or email info@literacyvolunteers.org