

## You're invited to join The Upshaw Circle of the Greater Detroit Agency for the Blind & Visually Impaired.

Your ongoing commitment will help GDABVI continue providing its critical programming and services, while expanding its outreach to even more individuals. We appreciate your generous donation and look forward to working with you to help more people find their way to a life beyond sight.

	<b>Founders Table \$10,000+:</b> Recognized with exclusive event invitations, exclusive donor pin, exclusive donor recognition event, name listed in major donor section of GDABVI web site.
	Visionary \$7,500 – \$9,999: Recognized with an exclusive donor pin, exclusive donor recognition event, name listed in major donor section of GDABVI web site.
	<b>Thriving \$5,000 – \$7,499:</b> Recognized with donor pin, exclusive donor recognition event, name listed in major donor section of GDABVI web site.
	<b>Empowering \$2,500 – \$4,999:</b> Recognized with donor pin, name listed in major donor section of GDABVI web site.
	Guiding \$1,000 - \$2,499: Recognized with donor pin, name listed on supporters' page of GDABVI web site
	Sustaining \$500 - \$999: Name listed on supporters' page of GDABVI web site
	<b>Ft Amount:</b> \$ Pledge: In joining The Upshaw Circle, I agree to maintain this minimum gift to DABVI for at least two years. Signature & Date:
	l'd like to make my donation in monthly installments
N	umber of installments (12 max.): Amount of each: \$ Form: □check □credit card
N	OTE: You will be invoiced for check payments. Credit card payments will be processed automatically each month.
	ur Information: ame
C	ompany
	ddress
	ity / State / MI
	mail
В	est phone number to reach you
	ethod of Payment: base return this completed form to GDABVI (16625 Grand River Ave., Detroit MI 48227) or email to donate@gdabvi.org.
	Online (Visit lifebeyondsight.org/donate)    Check (Make checks payable to GDABVI and write UPSHAW CIRCLE in the memo.)
	<b>Credit Card</b> (Enter the following information. Credit card payments will incur a 3% fee to cover processing costs.)
	Credit Card Number: Expiration Date: CVV:
	Card holder's name:
	Signature: