

Home	Eligibility Guidelines	Program Services	Low Vision Clinic	Magnifiers & More Store	Corporate & Government Services	Ability One Services	Donations
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Credit Card Donations

Enter Your Credit Card Information

Your information will be kept secure and private.

Location: USA or Other _____

First Name:

Last Name:

Card Type:

Credit Card Number:

Expiration Date:

Billing Address (where you receive your credit card bills)

Street:

City:

State: **Zipcode:** **U.S.A. (5 or 9 digits)**

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Winter Haven's Programs Tampa's Programs.

Thank you for your donation. We will email you a receipt.