



**Israel Guide  
Dog Center**  
מרכז ישראלי לכלבי נחיה

Date: \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is a check for \$ \_\_\_\_\_ made payable to the **Israel Guide Dog Center for the Blind**

Please charge \$ \_\_\_\_\_ to  Visa  MasterCard  Amex

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Honor \_\_\_\_\_

Memory \_\_\_\_\_

Send acknowledgment to: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Message \_\_\_\_\_

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**In the U.S.:**

Israel Guide Dog Center for the Blind

968 Easton Rd. – Suite H

Warrington, PA 18976

Tel: 215-343-9100

Fax: 215-343-9199

Email: [info@israelguidedog.org](mailto:info@israelguidedog.org)