

Arkansas Division of State Services for the Blind
P.O. Box 3237
Little Rock, AR 72203

Gift or Bequest Fund

In honor/memory of _____

I do hereby give or bequeath to the Arkansas Division of State Services for the Blind the following:

to be used to enhance the lives of blind and visually impaired Arkansans in the following manner:

or as the Board deems fit in keeping with the intent of my gift or bequest.

Printed Name

Signature

Printed Date

Date