



First Light Vision, Inc.

A New beginning

Donation Receipt

Date _____

First Light Vision is committed to providing a safe haven for the homeless in order to achieve self sufficiency for a new beginning for LIFE.

Name: _____

Address: _____

City, State, Zip Code: _____

Phone number: _____

E-mail address _____

Yes, I would like to receive notices and updates from First Light Vision.

I would like to support First Light Vision with a donation of:

- ☺ 25 _____
- ☺ 50 _____
- ☺ 75 _____
- ☺ 100 _____
- ☺ 200 _____
- ☺ 500 _____
- ☺ 1000 _____
- ☺ other \$ _____

Is your donation being made in memory or in honor of someone special?

☺ In Memory of: _____

☺ In Honor of: _____

Item Description

Value \$

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