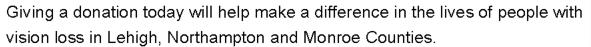
GIVING PAGE





Enclosed please find	my (our)	gift in the amoun	t of \$		·
l / We designate my (d	our) gift for	services and prog	rams in \Box	Lehigh Valley	☐ Monroe County
\square I / We prefer that m	y (our) gift	remain anonymou	ıs.		
Name					
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City				e	_ Zip
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This gift is a tribute		_ In Honor of	In	Memory Of	
Name					
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Please notify the follow	ving of this	gift:			
Name					
Make checks payable	e to: Cente	er for Vision Loss	6		
I prefer to pay by cred	it card:				
Name on Card					
Cardholder's Address					
City					
Card Number					
Type of Card			Discover _	American	Express
Expiration Date					

The Center for Vision Loss will not share, sell or rent your name and contact information to any 3rd party.

Please send with your contribution to: Center for Vision Loss

845 West Wyoming Street, Allentown, PA 18103

Questions? Contact the Development Office at 610-433-6018 x 241

HELPING TO ASSURE OUR AGENCY'S FUTURE

Friends of the Center for Vision Loss can also play an important role in ensuring the agency's future by making a legacy gift to the agency's *The Helen Keller Society*, part of our Endowment Foundation. Contact the Development Office for the kinds of giving options available including Gifts of Cash and Gifts by Bequest (Will).

All gifts to the Center for Vision Loss are tax-deductible to the extent allowed by law. "The official registration and financial information of the Center for Vision Loss may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement."