

PLEASE JOIN US FOR

A Taste of the
SHADOWS



TO RAISE AWARENESS
ABOUT VISION LOSS

Tuesday
October 6, 2015

GREEN POND
COUNTRY CLUB
3604 FARMERSVILLE RD
BETHLEHEM, PA 18020

\$75 PER PERSON
5:30 PM RECEPTION
7:00 PM SEATED DINNER
RSVP BY SEPTEMBER 25, 2015

Invitation Sponsor

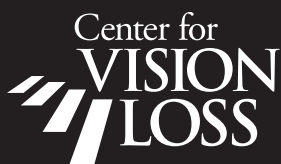


Independence Presentation
Sponsor



Additional Sponsors
(As of August 1, 2015)

- Allentown Optical
- Hampson Mowrer Kreitz
- Inova Technologies
- Minuteman Press
of the Lehigh Valley



845 W. Wyoming St.
Allentown, PA 18103
P. 610.433.6018

4215 Manor Dr.
Stroudsburg, PA 18360
P. 570.992.7787

www.centerforvisionloss.org

A Unique Dining Experience

We will ask you to give up your sight while you dine by wearing a blindfold to simulate loss of vision.

OCTOBER 6, 2015
\$75 PER PERSON
GREEN POND COUNTRY CLUB

CENTER FOR VISION LOSS

CORDIALLY INVITES YOU TO JOIN US...

A Taste of the SHADOWS



5:30^{pm} Reception

Hors d'oeuvres, Wine Tasting by Franklin Hill Vineyards, Craft Beer Tasting by Allentown Beverage Company and Silent Auction

7:00^{pm} Seated Dinner

Followed by the **2015 Accessibility Champion Awards** to DeSales University Theatre Program and Muhlenberg College Department of Theatre & Dance in **Celebration of the 25th Anniversary of the Americans with Disabilities Act**



This Event Benefits Vision Rehabilitation Services

The Center for Vision Loss is the region's only community benefit organization dedicated to improving the lives of people with vision loss and promoting healthy vision.



For questions, or exploring other Sponsorship/Advertising Opportunities, call the Development Office at 610.433.6018, x 241.

If you would like a copy of this invitation in accessible format, please call 610-433-6018.

KINDLY RESPOND BY SEPTEMBER 25, 2015

MAIL YOUR REPLY BACK IN THE ENVELOPE ENCLOSED

NAME(s)

ORGANIZATION / COMPANY

ADDRESS

CITY / STATE / ZIP

PHONE

E-MAIL ADDRESS

- ☐ I / WE WILL BE ATTENDING THE EVENT AT \$75 PER PERSON*
TOTAL ENCLOSED \$ _____
- ☐ I / WE WISH TO BE A FRIEND AT \$100 PER PERSON WHICH INCLUDES AN EVENT TICKET & A LISTING IN THE PROGRAM BOOK. LIST ME/US AS:

- ☐ I / WE ARE UNABLE TO ATTEND BUT HAVE ENCLOSED A TAX DEDUCTIBLE CONTRIBUTION
TOTAL ENCLOSED \$ _____
- ☐ I / WE REQUEST THE FOLLOWING ACCOMMODATIONS OR DIETARY NEEDS

PLEASE MAKE CHECKS PAYABLE TO CENTER FOR VISION LOSS

I PREFER TO PAY BY CREDIT CARD

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

CARD NO.

EXPIRATION DATE / SECURITY CODE

PHONE

SIGNATURE

* OF EACH TICKET, \$50 REPRESENTS THE FAIR MARKET VALUE OF THE FOOD AND ENTERTAINMENT. THIS PORTION IS NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION.