



# Help prevent childhood vision loss with a gift!



Every \$10.00 you give supports a vision screening for one child to detect vision problems early and prevent a lifetime of possible vision loss.

 <b>\$50</b> Screen 5 Kids <input type="checkbox"/> Give Today	 <b>\$100</b> Screen 10 Kids <input type="checkbox"/> Give Today	 <b>\$250</b> Screen 25 Kids <input type="checkbox"/> Give Today	 <b>\$</b> _____ Choose an amount <input type="checkbox"/> Give Today
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Please provide your contact information if it's not on the enclosed check. Checks can be made out to KidSight.

I want to give this amount Monthly! Preferred monthly Transaction Day:

Type of Credit Card:  Visa  MasterCard  Discover

Enter card number in boxes below:

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Exp:     3-Digit Card Security Code:     
(Located on the back of credit card)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

I would like to receive electronic communications.

Return this to: KidSight, 10560 N Ambassador Dr., Suite 210, Kansas City, MO 64153

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