

Help prevent childhood vision loss with a gift!



Every \$8.00 you give supports a vision screening and follow-up for one child to prevent a lifetime of possible vision loss.

★ ★ ★	★ ★ ★	★ ★ ★	★ ★ ★
\$50	\$100	\$250	\$ _____
Screen 5 Kids	Screen 10 Kids	Screen 25 Kids	Choose an amount
<input type="checkbox"/> Give Today	<input type="checkbox"/> Give Today	<input type="checkbox"/> Give Today	<input type="checkbox"/> Give Today

Please provide your contact information if it's not on the enclosed check. Checks can be made out to KidSight.

Type of Credit Card: Visa MasterCard Discover

Enter card number in boxes below:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

www