

Your gift changes lives by saving sight.

By supporting Saving Sight, you rescue thousands from the heartbreak of vision loss. Please fill out the following form and mail with your payment to:



Saving Sight
10100 N. Ambassador Dr.
Suite 200
Kansas City, MO 64153

Select a giving level:

Please make checks payable to: Saving Sight

- Protector \$100 Leader \$1000
 Defender \$250 Champion \$2500
 Guardian \$500 Other _____

My gift is: In honor of _____ A memorial to _____

Please provide your contact and billing information if not on the enclosed check:

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.

WWW