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YES, I WANT TO SUPPORT VISUAL AIDS, PLEASE ACCEPT MY TAX-DEDUCTIBLE CONTRIBUTION.

\$25 \$50 \$100 \$250 \$500 \$1000 \$5,000 OTHER _____

NAME / ORGANIZATION _____

PHONE _____ FAX _____ EMAIL _____

ADDRESS _____

CITY / STATE / ZIP _____

- I WISH TO PAY BY CHECK MADE PAYABLE TO VISUAL AIDS
 I WISH TO PAY BY CREDIT CARD: MASTERCARD VISA AMERICAN EXPRESS

NAME ON CREDIT CARD _____

CREDIT CARD NO. _____ / _____ EXP. DATE AUTHORIZED SIGNATURE _____

THANK YOU!