

SUPPORT OUR MISSION

Your contribution can help secure valuable programs and services that add to the quality of life for the blind and vision impaired in our region for years to come. Your support is greatly appreciated.

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State/Zip: _____

Tel: _____

E-mail: _____

Contributions are tax deductible. You will receive a letter acknowledging your gift for IRS tax purposes.

_____ One Time Donation

_____ Multi-year Pledge

_____ I have enclosed a check or money order in the amount of \$_____

_____ I would like to be contacted to make a payment via credit card.

Please mail your contribution to:

North Central Sight Services, Inc.

2121 Reach Road

PO Box 3292

Williamsport, PA 17701-0292

Donations may also be made online
at www.ncsight.org.