

## Information Request Form

Please complete the form below. Fields marked with a \* are required.  
Thank you.

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

Your E-Mail : \_\_\_\_\_

Street Address \* : \_\_\_\_\_

City \* : \_\_\_\_\_ State \* : \_\_\_\_\_ Zip Code \* : \_\_\_\_\_

Telephone: \_\_\_\_\_

I would like more information on:

Rehabilitative Services

Volunteering

Speakers Bureau

Planned Giving

Endowments

Monthly Giving

Holding a Fundraiser

Other questions or needs: \_\_\_\_\_

Mail to:

Association for the Blind & Visually Impaired

614 North 13th Street

Allentown, PA 18102-2199