

## Newsletter Request Form

Please complete the form below to be added to our newsletter mailing list. Fields marked with a \* are required. Thank you.

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

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

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

City \* : \_\_\_\_\_

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

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

Comments / Questions:

Mail to:

Association for the Blind & Visually Impaired

614 North 13th Street

Allentown, PA 18102-2199