Yes! I would like to support The Virginia Association for Parents of Children with Visual Impairments

I have enclosed a contribution of:

☐$100.00 ☐$200.00 ☐$500.00 ☐$1000.00 ☐$2000.00 ☐$5000.00 ☐Other_____

☐ To support the area of greatest need ☐Other (please specify)_____

Name: _____
First Last

Address:_____

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To make a contribution by check, please make it payable to VAAPVI and mail to:

VAAPVI PO Box 1523, Chesterfield VA, 23832

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☐ I have already made a contribution online (Disregard banking information below if already submitted)

Please charge my contribution to my credit card:

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I would like to make this contribution ☐ *in honor of* ☐ *in memory* of:

Name(s):_____

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Memorial and Honorary contributions will all be recognized and noted as such through media, print, web, and event naming rights. These contributions will be evaluated on regular basis. Contributions are to benefit the visually impaired community and are administered by VAAPVI. Gifts contributed to VAAPVI qualify as charitable contribution to 501(c)(3) status public charity, which is fully Tax deductible. 2778ae