



Kentucky Vision Project

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KVP Donation Form

What is the Kentucky Vision Project?

The Kentucky Vision Project was established in 1985 by Members of the Kentucky Optometric Association concerned about Kentuckians who needed eye care but were unable to afford it. They wanted to help people who were on limited incomes and had no insurance or other means of assistance to help pay for eye care.

Through the generosity of many Kentucky Doctors of Optometry, thousands of people have been able to receive eye care and glasses. Working with the Kentucky Salvation Army and other community action agencies that identify those who are financially qualified, the Kentucky Vision Project, a charitable corporation, links recipients to volunteer optometrists. Recipients receive comprehensive eye examinations and new glasses if needed.

The Kentucky Vision Project is funded entirely through private means. The KVP is a collaborative effort of the members of the Kentucky Optometric Association, optical laboratories, frame and lens manufacturers and surgical centers. None of our volunteer partners receive any money for their services or products. All donations are tax deductible.

Need a last minute gift idea? Not sure what to give the person who already seems to have everything? The Kentucky Vision Project allows people to make contributions' in the name of another person as a tribute, gift or memorial. It's a wonderful way to both support the KVP and solve your gift-giving dilemmas.



KVP Donation Form

Donor Information/ Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____ Email Address: _____

1. What is the amount of your donation today?

\$25 \$50 \$75 \$100 Other (please specify): _____

2. Is this donation amount in honor or in memory of someone else? Yes No

The KVP will send a recipient a card telling them a donation has been made in their honor!

Recipient Information / Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____

3. Payment Method: (Please make checks payable to the Kentucky Vision Project and attach to this form.)

Check #: _____ Amount: \$ _____

Credit Card: Master Card Discover Visa

Name as it appears on card: _____

Card #: _____

Expiration Date: _____

4. I would like to donate to the Kentucky Vision Project. Please bill me a monthly / quarterly / annual amount of:

\$10 \$20 \$25 \$50 75 \$100 Other (please specify): _____

5. Do you require a charitable donation receipt?

Yes

No

6. Do you wish to remain anonymous?

Yes

No

Donor Signature: _____ Date: _____