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: ____________________________