

Yes, I would like to become an Associate Member of the Save Sight Society:

- I enclose my payment of \$50.
- I would like to donate \$.....

My cheque made payable to the Save Sight Society is included.

Or, Please debit my -

- Visa
- Mastercard
- Diners
- American Express
- Bank Card

My card number is.....
Expiry Date.....
Cardholders Name (PRINT).....
Signature.....

or

- Please send an Automatic Payment form

I would like information on:

- What the society does
- How I could help with fundraising
- Becoming a sponsor
- Leaving a bequest to the Society

Name: (PLEASE PRINT).....
Address.....
.....
Telephone().....

Please return this form to:

Save Sight Society

PO Box 643, New Plymouth, New Zealand

Phone 06 758 3553

Fax 06 758 2983