

## Healthy Eyes Eyeglass Program STORY OF SUCCESS FORM

**Prevent Blindness Texas** is a non-profit, public health organization that depends on funding and in-kind donations to ensure success of our vision care programs. Sharing true stories of success with donors keeps our programs operating. If you have participated in the *Healthy Eyes Eyeglass Program* and it has made a difference in your life, we would like to know. Please complete the information below and send it to **Prevent Blindness Texas**. Thank you.

[PLEASE PRINT]	
Your Name:	
Your Telephone Number:	
Your Agency Advocate Name (if applicate	e):
	ographs as well, if you have any):
(Use the reverse side of this sheet if add	onal space is needed.)
May we share your story with others?	es No
To do this, <b>Prevent Blindness Texas</b> rephotograph with third parties including the	ust obtain your consent to release your vision success story and/or media, donors and foundations.
•	exas to use the above information and/or photographs in materials s, marketing materials, brochures, reports, media broadcasts for up
Name	Date

Please Return Via Mail or Fax to: Prevent Blindness Texas, 2202 Waugh Drive, Houston, TX 77006 Fax: (713) 529-8310