

PCVI Society Membership Application and/or Charitable Donations

This form is to be used to make application with dues paid, **or** make charitable donations to the yearly American Conference on PCVI, **or** make a donation to the creation of the PCVI Society.

Name: _____

Discipline: MD OD OT TVI Parent Other _____
(please circle one)

Email Address: _____
(please print legibly)

Preferred Phone: _____(optional)

Membership Dues: Please enter \$50 here if joining the PCVI Society

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(may be tax-deductible) \$ _____

Charitable Donation to sustain the American Conference on Pediatric Cortical Visual Impairment

(not tax-deductible) \$ _____

Charitable Donation for the formation of the Pediatric Cortical Visual Impairment Society

(not tax-deductible) \$ _____

Total Enclosed \$ _____

Please make check payable to:

The Pediatric Cortical Visual Impairment Society
c/o Sara Olsen, M Ed
4257 North 140th Street
Omaha, NE 68164