



VSP Mobile Eyes 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 *VSP Mobile Eyes 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 Address: _____

Your Email Address: _____

Your Agency Advocate Name (if applicable): _____

Your Story of Success (please share photographs as well, if you have any): _____

(Use the reverse side of this sheet if additional space is needed.)

May we share your story with others? Yes _____ No _____

To do this, **Prevent Blindness Texas** must obtain your consent to release your vision success story and/or photograph with third parties including the media, donors and foundations.

I hereby authorize **Prevent Blindness Texas** to use the above information and/or photographs in materials including, but not limited to, press releases, marketing materials, brochures, reports, media broadcasts for up to 10 years from the date of this release.

Name

Date

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