



Participate in the VISION USA Program and Brighten up the Future for Wisconsin's Children!

Dear Doctor,

Your help is needed to provide eye care services to children aged 18 and under from low-income, working families who have no eye health insurance and cannot afford eye care. VISION USA - The Wisconsin Project has provided free, comprehensive exams to these children for many years and continues to do so as a result of the generosity of our member volunteers!

Optometry is a service profession that is personally invested in patient care. We need your help. If all WOA members donate at least five or more exams annually, we are confident that this program will continue to be successful for many more years to come! Please consider donating your time and services this year.

PLEASE CHECK ONE OF THE OPTIONS BELOW:

YES. I will participate in the VISION USA program until further notice by donating eye exams to children who meet the qualifying criteria.

If yes, how many patients are you able to see annually? _____

YES. I will participate in the VISION USA program for the 2017 calendar year only by donating eye exams to children who meet the qualifying criteria.

If yes, how many patients are you able to see in this time period? _____

NO. I do not wish to participate in the program at this time.

Reason(s): _____

**** If you are willing to participate, are there any months during the year not convenient for you to schedule VISION USA patients? _____*

Doctor's Name: _____

Office Address: (where exams will take place): _____

City, State, Zip: _____

Office Phone: _____

Additional location where you would be willing to examine patients:

Office Address: _____

City, State, Zip: _____

Office Phone: _____

Please fax, email, or return completed form to:

VISION USA - The Wisconsin Project

6510 Grand Teton Plaza, Suite 312

Madison, WI 53719

Phone: 877-435-2020

Fax: 608-824-2205