



STATE OFFICE
2202 Waugh Drive
Houston, TX 77006
1-888-98-SIGHT
www.preventblindness.org/TX

**“PARTNERS IN PREVENTION”
ANNUAL AGREEMENT FORM: April 1, 2009-March 31, 2010**

(PLEASE CHECK ONE)

_____ YES, I will participate in the “Partners in Prevention” program.

_____ NO, I will not participate in the “Partners in Prevention” program.

CONTACT INFORMATION

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT: _____

EMAIL ADDRESS: _____

➤ YES! I WILL DONATE A DESIGNATED NUMBER OF EYE EXAMS.

Please circle the number of eye exams that you wish to donate.

6 12 24 36 48 60 Other: _____

➤ YES! I WILL DONATE A DESIGNATED NUMBER OF EYEGLASSES.

Please circle the number of eyeglasses that you wish to donate.

6 12 24 36 48 60 Other: _____

Please list restrictions, such as number of patients per month, age of patients, or limitations on type of frames or lenses to be donated.

PLEASE RETURN THIS AGREEMENT FORM TO:

Prevent Blindness Texas
2202 Waugh Drive
Houston, TX 77006
Fax: (713) 529-8310

For office use only:
Date received: _____ Date Acknowledged: _____