

Yes, I want to leave a legacy!

Please designate me as a member of The Visionary Society!

_____ I attest that I have named Community Services for the Blind and Partially Sighted in my will and/or estate plans.

Signature

Please print

Name(s): _____

Address: _____

City: _____

State: _____

Zip: _____

Phone number: _____

Email address: _____

Community Services for the Blind and Partially Sighted is a 501(C)(3) organization. Please see your attorney or estate planner for information on benefits to you and your heirs by designating CSBPS in your estate plans.

**Please mail this form to:
The Visionary Society, CSBPS,
9709 3rd Ave NE Suite #100,
Seattle, WA 98115-2027.**