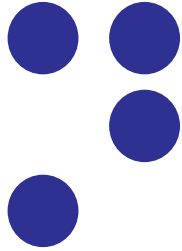


N



Order Your New Calendar

C



*Make checks payable to
NCAVI and send payment to:*

NCAVI

22 US Oval, Suite B-15

Plattsburgh, NY 12903

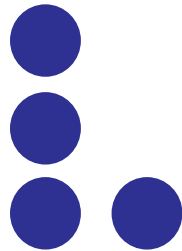
A



Calendars: \$8.00 each

**Calendar sales and additional donations allow
NCAVI to provide services and programs to
people who are visually impaired. Thank you for
your contribution!**

V



Below is my request for calendars:

Quantity: _____

Total Cost: \$ _____

Additional Donation: \$ _____

Name: _____

Address: _____

I

