

Susquehanna
Association
for the Blind
and Vision Impaired

244 North Queen Street
Lancaster, P A 17603-3585
(717) 291-5951 Fax (717) 291-9183

APPLICATION FOR RALPH TAYLOR AWARD

Name of Recipient: _____
Print Clearly Exactly As It Should Appear on Statuette

Address: _____

Name of Donor: _____

Address: _____

Reason for making the award: _____

Month that should appear on statuette nameplate: _____

Authorized Signature: _____ Date: _____

Name of Contact: _____

Daytime Phone #: _____ Fax #: _____

DONATION of \$1,000.00 to accompany Application.

SHIPPING INSTRUCTIONS (Statuette cannot be sent to post office box)

Complete Mailing Address:

Name: _____

Address: _____

Would you like a representative from SABVI to present award? _____

Use reverse side for any special instructions or comments.

Allow 6 weeks for recognition to arrive.

Please complete application by typing or printing clearly in ink.

Make a copy for your records.