

APPLICATION FOR RADIO RECEIVER

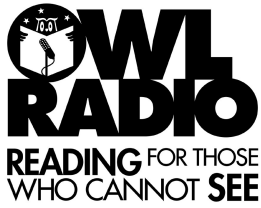
FOR OFFICE USE ONLY:

Date Received:

Radio ID Number:

Delivery Date:

Delivered By:



Return completed form to:

Owl Radio
1250 NE Loop 410, Suite 630
San Antonio, TX 78209-1536

Questions? Call (210) 829-4223

ORGANIZATION INFORMATION:

DATE: ___/___/___ NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ WEBSITE: _____

CONTACT INFORMATION:

NAME: _____ TITLE: _____

PHONE: () _____ E-MAIL: _____

DONATION: Check here if a donation is enclosed. A donation of \$25.00 or more is appreciated, but not required, to help pay for this service. Checks or money orders should be made payable to Low Vision Resource Center.

RECIPIENT AGREEMENT:

We are applying for a special radio receiver from the Low Vision Resource Center. We agree to locate the radio in a common area so that it is accessible to our residents or patients. We agree to return the radio receiver when we no longer have use for it.

SIGNATURE: _____ DATE: ___/___/___

CERTIFICATION:

I certify that we serve residents or patients who are print impaired.

SIGNATURE: _____ DATE: ___/___/___

I HEARD ABOUT OWL RADIO FROM:
