

# New England Low Vision *and Blindness*

*Bringing Hope Through Technology, Training & Care*

## Retirement Community Request Form

We have a Resident interested in learning more.

Resident's Name: \_\_\_\_\_

Retirement Community Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Resident's Eye Doctor (if known): \_\_\_\_\_

We are interested in learning more.

Your Name: \_\_\_\_\_

Retirement Community Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

***Please Send to Secure Fax: 844.364.2649***

A representative from New England Low Vision and Blindness will contact you to set up a convenient time to further discuss. Thank you for your continued trust in us for all your low vision and blindness technology and training needs.

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