

**Rotary District 7150, Gift of Vision**

**Participant Voucher Form**

**Club Name:** \_\_\_\_\_

**Club Contact Person:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Club Financial Contribution:** \_\_\_\_\_

**Please make checks payable to "Rotary District 7150 Gift of Vision".**

**Please mail contributions to:**

**James J. Gason, Gift of Vision Chair  
c/o: Costello, Cooney & Fearon, PLLC  
205 South Salina Street  
Syracuse, NY 13202**

**Thank you for your contribution and participation.**