Vance Thompson Vision

Clear Answers About Clear Vision™

Sanford

Gift of Sight

Nominee
Name: _____
Phone Number: (home) _____
(mobile)_____
E-mail: _____
Date of Birth: _____

Nominator
Name: _____
Phone Number: (home) _____
(mobile)_____
E-mail: _____
Date of Birth: _____

I, _____, nominate _____ for the Gift of Sight laser vision correction program at Vance Thompson Vision. I have known my nominee for _____ years.

This is why I nominate the above for the Gift of Sight.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____(Please continue on a separate sheet of paper.)

All nominations are due by December 28th, 2007. Winning candidates will be contacted directly the week of January 1st and will be asked to schedule a refractive consult the week of January 7th to determine surgical candidacy. Please return this entry via United States Postal Mail to:

Vance Thompson Vision
Attn: J. Paul, Giving Sight
1310 W 22nd St.
Sioux Falls, SD 57105

(phone inquiries and nominations will not be considered)