Application for Braille writer

If you wish to obtain a braille Writer from the Friends of the NCLBPH, complete this application. Send completed application to: Friends of the NCLBPH 1841 Capital Blvd. Raleigh NC, 27635.

In order to qualify, you must have no other source from which to obtain a braille Writer.

Name of Applicant:

Home Address:

Telephone: home------cell

E-mail address:

Address to ship braille writer, (If same as above, just write “same” on this line.):

Please provide a brief explanation of why you are applying to receive a braille writer.

By signing below, you are acknowledging that there is no other source from which you can obtain a braille writer such as, NC Division of Services for the Blind, local Lions Club, school district, etc. You also agree to return the braille writer to the Friends, if at some point you are no longer in need of it.

Signature of Applicant Date:

Authorized Individual, (If applicant is unable to sign): Date:

Relationship to Applicant