

In memoriam donation

In memoriam donation

I would like to support research on eye diseases, and help preventing blindness. I make a donation amounting to :

Donation amount :

- 25 \$
 50 \$
 75 \$
 100 \$
 Other amount : _____

Method of payment

- Check made out to the account of:
 Eye Disease Foundation
 Credit card
 Visa MasterCard

Card number :

Expiry date :

Card holder :

Signature :

Name and address

Last name:

First name:

Address :

Town :

Province :

Postal Code :

Telephone:

E-mail :

In memory of

Name : _____

The Eye Disease Foundation will inform the family about the donation.

Family : _____

Address : _____

Town: _____

Postal code: _____

I will receive a tax receipt if my donation is more than 10 \$ (at your request if less than 10 \$)

Receipt please:

Registration number : 134410109 RR 0001



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