

Individual donation

Individual 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:

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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