

# CORPORATE DONATION

## Corporate 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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maladies de l'œil  
Voir • Savoir • Prévoir