

# 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 :

\_\_\_\_\_

1100, Bouvier Office 010  
Québec (Québec) G2K 1L9  
[www.fondationdesmaladiesdeloeil.org/en/](http://www.fondationdesmaladiesdeloeil.org/en/)  
Telephone : 418 654-0835  
Toll free : 1 877 654-0835  
Fax : 418 654-1576  
E-mail : [fondation.oeil@qc.aira.com](mailto:fondation.oeil@qc.aira.com)



**Fondation des  
maladies de l'œil**  
Voir • Savoir • Prévoir

## 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