



**Please Accept**

**my donation of:**

- |                                  |   |                                  |
|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> \$50    | <input type="checkbox"/> \$100          | <input type="checkbox"/> \$250   |
| <input type="checkbox"/> \$500   | <input type="checkbox"/> \$1,000        | <input type="checkbox"/> \$2,500 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> Other \$ _____ |                                  |

**To be paid:**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Annually  | <input type="checkbox"/> Semi-Annually |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Monthly       |

**Please Credit**

**my donation to:**

- |                              |                                  |                               |
|------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> DEF | <input type="checkbox"/> AMD.org | <input type="checkbox"/> NKCF |
|------------------------------|----------------------------------|-------------------------------|

**Please charge my:**

- |                               |                                     |                               |
|-------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> AMEX | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa |
|-------------------------------|-------------------------------------|-------------------------------|

---

Card Number	Expires	Security code
-------------	---------	---------------

---

Name as it appears on card (please print)

---

Address

---

City	State	Zip Code
------	-------	----------

---

Email	Telephone	<input type="checkbox"/> day <input type="checkbox"/> evening
-------	-----------	---

- I am printing this form and mailing a check  
 I work for a matching gift organization \_\_\_\_\_ and will mail this form

**Mail to: The Discovery Eye Foundation  
6222 Wilshire Blvd., Suite 260  
Los Angeles, CA 90048**

**Please send me more:**

- Information on including The Discovery Eye Foundation in my estate plan
- Information on Macular Degeneration
- Information on Keratoconus
- Information on The Discovery Eye Foundation

**To learn more about a specific project or program you may wish to fund, please contact Susan DeRemer, [sderemer@discoveryeye.org](mailto:sderemer@discoveryeye.org) or 310-623-4466.**



**TRIBUTE**

This gift is:     in honor of     in memory of     in appreciation of

---

Name (please print)

---

Address

---

City

State

Zip Code

---

Text for tribute

---

---

---

---

---

From