

Please Accept				
my donation of:	□ \$50 □ \$500 □ \$5,000	□ \$100 □ \$1,000 □ Other \$	□ \$250 □ \$2,500	
To be paid:	☐ Annually ☐ Quarterly	☐ Semi-Annual ☐ Monthly	ly	
Please Credit my donation to:	□ DEF	☐ AMD.org	□ NKCF	
Please charge my:	☐ AMEX	☐ MasterCard	□ Visa	
Card Number		Expires		Security code
Name as it appears on card	l (please print)			
Address				
City		State		Zip Code
Email		Telephon	e	□ day □ evening
☐ I am printing this form and mailing a check ☐ I work for a matching gift organization				and will mail this form
Mail t		very Eye Foun debaker Rd., CA 90703		
☐ Information☐ Information☐	re: n on including Th n on Macular Deg n on Keratoconus	ne Discovery Eye generation		n my estate plan

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