

MAKE YOUR GIFT TODAY!

Please print this form. Your support makes a difference in the lives of people who are blind or vision impaired simply because they don't have access to an eye exam and a pair of glasses.



TRAIN



ESTABLISH



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Address _____

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Practice/Company Donation*: \$ _____

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Total: \$ _____

Reason for the donation: _____

Enclosed is my check payable to Optometry Giving Sight

Please charge my:

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Exp. Date _____ Signature _____

Please mail, email or fax this form using the contact details below.



OPTOMETRY
GIVINGSIGHT

THANK YOU FOR YOUR SUPPORT!

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