

Help Us Meet the Challenge

To make a donation to our Annual Fund please print out this donation form and mail it with your check made payable to the Glaucoma Service Foundation or credit card authorization to:

Rita Stern
Program Director
Glaucoma Service Foundation to Prevent Blindness
Wills Eye Institute
840 Walnut Street - Suite 1130
Philadelphia, PA 19107-5598

Your contributions are greatly appreciated. THANK YOU!

Donation Amount: \$ _____

In memory of: _____

In honor of: _____

Please notify: _____

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Your Names (S): _____

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City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Please make checks payable to: Glaucoma Service Foundation.

Please charge my credit card the above-noted dollar amount.

Card: American Express Visa MasterCard

Number: _____ Exp. Date: _____

Signature: _____

Please check if you want a receipt

The Foundation has 501(c)(3) Internal Revenue Service status, making it eligible to receive tax-deductible gifts. The official registration and financial information of the Glaucoma Service Foundation to Prevent Blindness may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.