



Donation Form

Cure Glaucoma Foundation is a nonprofit organization dedicated to ending Glaucoma, the leading cause of irreversible blindness worldwide.

Name (First/Last) _____
How You Wish to be Listed _____
Billing Address _____
City _____ State _____
Zip _____
Phone _____
Email _____
Company Name _____

Please select your donation amount:

\$500 \$1000 \$5000 Other Amount _____

I have enclosed a check (Please make payable to *Cure Glaucoma Foundation*)

Please charge my credit card, below:

Card Number _____
Expiration Date _____ CVC _____ v
Name on Card _____

Honorary & Memorial Dedications

This gift is in honor of _____.

This gift is in memory of _____.

Cure Glaucoma will send an acknowledgement to the individual(s) being honored, or to his/her family. The gift amount will not be disclosed.

Please include the acknowledgment recipient below:

Name (First/Last) _____ Phone _____
Address _____
City _____ State _____ Zip _____

*Please mail completed donation form to
Cure Glaucoma Attn: Development Office
10740 N Central Expy, Suite 300, Dallas, TX 75231.*

Thank you for your generosity!