



### 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:

\$1,250       \$2,500       \$5,000       \$10,000       \$25,000

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!*