



7000 S.W. 97th Avenue, Suite 212
Miami, FL 33173
(305) 412-5509

Ocular Surface Research & Education Foundation

Donation Form

PERSONAL INFORMATION

Name: _____ Title: _____

Home Address: _____

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GIFT INFORMATION

Enclosed is a gift in the amount of: \$ _____

Please use this gift for where it is most needed.

Please designate my gift to:

PAYMENT METHOD

Check (made payable to Ocular Surface Research & Education Foundation)

We kindly appreciate your gift to the Ocular Surface Research and Education Foundation. Please print, complete, and mail this form to:

*Ocular Surface Research & Education Foundation
7000 S.W. 97th Avenue, Suite 212
Miami, FL 33173*