



Donation Form

Name: _____

Address: _____

City / State / Zip: _____

My donation to the gift of sight is:

\$5,000.00 \$1,000.00 \$500.00 \$100.00 Other \$ _____

Bill me: \$ _____ One time only Bi-annual Quarterly

Please make checks payable to Baton Rouge Regional Eye Bank or BRREB

All Contributions are tax-deductible. Acknowledgment of your gift will be mailed to you.

Your gift also may be made to honor or to memorialize a relative or friend.

This gift is being made:

IN MEMORY OF _____

IN HONOR OF _____

TO HONOR THE OCCASION OF _____
(anniversaries, birthdays, thank-yous)

Please inform the following individual(s) of the above tribute:

Name: _____

Address: _____

City / State / Zip : _____