



Chicago Center for Vision Research Contribution Form

All donations to Chicago Center for Vision Research go directly to research and educational work. Thank you from the glaucoma patients around the world who will benefit from your generosity!**

Please print and fill out this form and mail to the following address:

Chicago Center for Vision Research, Ltd.
c/o University Eye Specialists
Attn: Fiona Higgins
676 N. St. Claire, Ste 1500
Chicago, IL 60611

YES, I'd like to contribute to a clearer future. Enclosed is my donation of:

\$25 \$50 \$100 \$500 Other \$ _____

Check one: Master Card Visa

Card Holder Name: _____ Card #: _____

Exp. Date: ____/____/____ Signature: _____
 Month / Year

Check: Please make payable to Chicago Center for Vision Research

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone #: _____

** You may also make your gift in honor or memory of someone special:

(Name: _____)