

Prevention of Blindness Society

of Metropolitan Washington®

Donation Amount:	\$				
Contact Informatio	n				
Name:					
Address:					
City, State, ZIP:					
Phone Number:		E-mail:			
Tribute Information	n				
This gift is in:	ebration 🖵 Ho	onor			
Name of the person to	be notified of th	is gift:			
Address:					
City, State, ZIP:					
Payment Information	n				
☐ Check enclosed	☐ Credit Card	(American Express	☐ Discover	☐ MasterCard	☐ Visa)
Card Number:					
Expiration Date (MM/YY):			CVV:		
Signature:					

Please mail your gift to:

Prevention of Blindness Society of Metropolitan Washington

415 2nd Street NE, Suite 200, Washington, DC 20002

If you have any questions, please contact us at (202) 234-1010 or visit youreyes.org.

Please make checks payable to Prevention of Blindness Society of Metropolitan Washington, a 501(c)3 nonprofit organization (Tax Identification Number: 53-0204690). All financial gifts are tax-deductible to the maximum extent Allowed by law. Consult with your tax professional to ensure maximum tax benefit.