



# Donation Form

## Pan-American Haiti Relief Project

Pan-American Association of Ophthalmology  
Pan-American Ophthalmological Foundation

### Donor Information (please print or type)

Name:	
Billing address:	
City:	
State:	
ZIP Code:	
Telephone (business):	
Fax:	
E-Mail:	

### Donation Information

*100% of your donation will be dedicated to the Pan-American Haiti Relief Project. No administrative expenses will be removed*

I (we) donate a total of \$ \_\_\_\_\_ .

I (we) plan to make this contribution in the form of:  cash  check  credit card.

Credit card type	<input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Credit card number	
Expiration date (month / year)	
Authorized signature	

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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I (we) wish to have our gift remain anonymous.

Signature(s)
Date:

Please make checks, corporate matches, or other gifts payable to:

### Pan-American Haiti Relief Project

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