

# I DEMAND SURGERY BY SURGEONS!

## 1. Contribution Type

Select your contribution:

\_\_\_\_\_ “Cash on the Barrelhead” – Circle One: \$5000 \$2500 \$1200

\_\_\_\_\_ “EYE-PAC for LIFE” – Circle One: \$415 \$210 \$100 or \$\_\_\_\_\_ per month  
(EYE-PAC will bill your credit card monthly)

\_\_\_\_\_ “My Idea” – \_\_\_\_\_  
(Please be specific)

## 2. Personal Information

\_\_\_\_\_  
Name (as it appears on card, if paying by credit card)

\_\_\_\_\_  
Address (same as billing address, if paying by credit card)

\_\_\_\_\_  
City/State/ZIP (same as billing address, if paying by credit card)

## 3. Declarations

The contribution listed herein was freely and voluntarily given by me from my personal property. I have not, directly or indirectly, been compensated or reimbursed for the contribution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Occupation and Employer

## 4. Payment Method

Select your payment method:

\_\_\_\_\_ **Check Enclosed** – Check Number \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ **Credit Card** (Visa, MasterCard, Discover, American Express)

Card Number \_\_\_\_\_

3 (V/MC/D) or 4-digit (AX) Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

*(This section will be destroyed after credit card is processed)*

**EYE-PAC OF THE OKLAHOMA ACADEMY OF OPHTHALMOLOGY**

Return to EYE-PAC, PO BOX 57576, Oklahoma City, OK 73157 or via fax to 405-608-0907