

I DEMAND SURGERY BY SURGEONS!

1. Contribution Type

Select your contribution:

_____ “Cash on the Barrelhead” – Circle One: \$2000 \$1000 \$500 Other: \$ _____

_____ “EYE-PAC for LIFE” – Circle One: \$25 \$50 \$75 \$100 \$200 per month
(EYE-PAC will bill your credit card monthly)

_____ “Jump Start” – Circle One \$225 / 25 \$400 / 42 \$800 / 100 \$1500 / 200
EYE-PAC will bill your credit card the larger amount and then, starting six months from now, the smaller amount 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

Contributions to **EYE-PAC** can be made from a PA, PC, or LLP, but cannot come from any corporate source. Contributions are voluntary and are not tax deductible. All contributions will be reported to the Texas Ethics Commission in accordance with state law.

Signature

Date

Occupation and Employer

4. Payment Method

Select your payment method:

_____ **Check Enclosed** – Check Number _____ Amount _____

_____ **Credit Card** (Visa, MasterCard, American Express)

Card Number _____

CVV2 Number _____ (3- or 4-digit security code) Exp. Date _____

(This portion will be destroyed by EYE-PAC after credit card is processed).

EYE-PAC OF THE TEXAS OPHTHALMOLOGICAL ASSOCIATION

Return to TOA, 401 W 15th St, Ste 825, Austin, TX 78701 or via fax to 512-370-1637

www.TexasEyes.org (Member Services)

Rec'd:

Proc'd:

Ent'd:

Check/Auth: