

# I DEMAND SURGERY BY SURGEONS!

## 1. Contribution Type

Select your contribution:

- \_\_\_\_\_ "Cash on the Barrelhead" – Circle One: \$1000 \$500 \$100 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 individuals, LLCs operated as partnerships, and sole proprietorships. They cannot come from any corporate source, or LLCs operated as corporations. Contributions are voluntary and are not tax deductible. All contributions will be reported to the Texas Ethics Commission in accordance with state law. Contributions are voluntary and are not tax deductible. All contributions will be reported to the Texas Ethics Commission in accordance with state law.

\_\_\_\_\_  
Signature (I declare that this contribution does not come from a corporate source.) Date

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

## 4. Payment Method

Select your payment method:

\_\_\_\_\_ Check Enclosed Payable to Eye-Pac 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 15<sup>th</sup> St, Ste 825, Austin, TX 78701 or via fax to 512-370-1637

[www.eye-pac.org](http://www.eye-pac.org)