

# Member Participation Form



AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY FOUNDATION

I would like to participate in the ASCRS Foundation's mission involving ophthalmic research, public education, and Developing Nations eyecare through a tax-deductible donation.

## ENCLOSED IS MY CONTRIBUTION OF:

<input type="checkbox"/>	One (or more) Cataract Procedure(s)	Amount:	\$ _____
<input type="checkbox"/>	One (or more) Refractive Procedure(s)	Amount:	\$ _____
<input type="checkbox"/>	Other	Amount:	\$ _____
	Total		\$ _____

## PLEASE DIRECT MY GIFT TO SUPPORT THE FOLLOWING INITIATIVE:

- Unrestricted
- Ophthalmic Research
- Public Education
- Developing Nations Eyecare
- I am interested in contributing my skills to ASCRS Foundation projects.

## PAYMENT INFORMATION

Payment can be made by check or Credit Card.



### PLEASE MAKE YOUR TAX-DEDUCTIBLE CHECK PAYABLE TO:

ASCRS Foundation - 4000 Legato Road, Suite 850 - Fairfax, VA 22033  
703-591-2220 - 703-591-0614 (fax) - [ascrs@ascrs.org](mailto:ascrs@ascrs.org)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Name on Card \_\_\_\_\_

Name as you would like it to read on all recognition materials

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_