

**YES! I would like to support the mission and programs of the
Northern Plains Eye Foundation.**

PLEASE PRINT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip + 4: _____

Phone: (____) _____ E-mail address: _____

If you would like to make your gift a Memorial or Honorary tribute, please complete:

In Memory of: _____

In Honor of: _____

Commemorating: _____

(Indicate Birthday, Anniversary, or other occasion)

Send acknowledgement card to (Name and Address): _____

Indicate how you wish the card to be signed: _____

ENCLOSED IS MY TAX DEDUCTIBLE GIFT OF:

\$1000 \$500 \$250 \$100 \$50 Other \$ _____

Please use my gift for: Greatest Need Education/Service Research Scholarships

I wish to charge my donation to VISA Mastercard

Name _____ Account # _____ Exp. ____ / ____

I would like to include the Northern Plains Eye Foundation in my will and/or estate planning

Contact me about donating securities or other assets (i.e. retirement accounts, real estate)

I would like to be contacted about endowment opportunities or a named health-care scholarship

*Enhancing eye health through education, research and community service
for people of the Northern Plains.*

FOR QUESTIONS OR MORE INFORMATION, CALL (605) 716-6733

Website: www.npef.org



E-mail: vision@npef.org