



Lions Eye Research Foundation of New Jersey, Inc.

P.O. Box 8207

Princeton, New Jersey 08540

Office 732-239-8968 Fax 732-849-9349

MEMORIAL DONATION FORM

DONOR:

TITLE: _____ NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL: _____ PHONE: _____

IN MEMORY OF

TITLE: _____ NAME: _____

Send Notification To: Donor Other

TITLE: _____ NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL: _____ PHONE: _____

PLEASE USE MY DONATION FOR:

LERF-NJ ENDOWMENT FUND FOR THE ALPHONSE CINOTTI CHAIR OF OPHTHAMOLOGY
AT THE RUTGERS UNIVERSITY SCHOOL OF MEDICINE, IOVS

SIGHT PROGRAMS OTHER: _____

AMOUNT DONATED

\$ 5.00 \$10.00 \$20 \$50 \$100 Specify _____

Date: _____ Check No. _____ Cash (In-Person Donations Only) _____

For Office Use Only

Date Received: _____ Received by: _____ Receipt Issued: _____

Donation applied to: _____

Directions:

Please print (2) copies of this file. Retain one copy for your records. Please fill out the printed file and mail into the address below. Upon receipt, you will be issued a receipt. Cash gifts accepted only in person at a Lions Club Meeting.

Please Make the check payable to LERF-NJ

Lions Eye Research Foundation, of New Jersey, Inc.

P.O. Box 8207

Princeton, New Jersey 08540

Office 732-239-8968 Fax 732-849-9349