



# Lions Eye Research Foundation of New Jersey, Inc.

P.O. Box 8207  
Princeton, New Jersey 08540  
Office 732-239-8968 Fax 732-849-9349

## DONATION FORM

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*

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