



**Yes!** I am pleased to support Hope for Vision and its mission to cure blinding disease.

Enclosed is my gift of \$ \_\_\_\_\_

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Name (as you wish it to appear in printed materials)

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Address

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City, ST Zip

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Telephone

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Fax

Please make checks payable to:  
Hope for Vision

Or provide your credit card information below:

- Visa  
 American Express  
 MasterCard

\_\_\_\_\_  
Name (as it appear on card)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

Hope for Vision is a 501(c)(3) non-profit organization. Tax ID 20-281-8701. Contributions are tax deductible to the fullest extent allowed by law.

Please mail, fax or email this form to:  
Nicole Bergman, Executive Director  
Hope for Vision  
415 Madison Avenue, 3<sup>rd</sup> Floor  
New York, NY 10017  
(212)755-0284 FAX  
nicole@hopeforvision.org