

compassionateeye

FOUNDATION

committed to giving back

Donor Information

DATE:

NAME:

ADDRESS:

CITY / PROVINCE / STATE

POSTAL CODE / ZIP

TELEPHONE:

EMAIL:

Yes, I agree that CEF may list my name as a donor on the CEF website.

No, I do not wish my name to be listed as a donor on the CEF website.

Enclosed is a cheque for \$_____ made payable to Compassionate Eye Foundation

Tax receipt required

Tax receipt not required

Thank you very much for your donation and joining us in our commitment to giving back.

Please mail to:

Compassionate Eye Foundation
91 East 27th Avenue
Vancouver BC V5V 2K2

Charitable Status Business Number 86002 9925 RR0001