



FOUNDATION FIGHTING BLINDNESS
Together, we're winning.

Yes, I want to make a difference in the fight to end blinding retinal diseases! I pledge my support by sponsoring:

PARTICIPANT'S NAME: _____ in the

EVENT NAME (IF APPLICABLE): _____ with a gift of

\$25 \$50 \$100 \$250 \$500 \$1000 Other \$ _____

NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____ EMAIL: _____

METHOD OF PAYMENT: Check (payable to Foundation Fighting Blindness) *To ensure that the individual fundraiser is credited for your donation, please indicate Foundation Fighting Blindness, their name and name of their event (e.g. NYC Marathon) in the memo portion of your check.*

Please charge my Visa MasterCard American Express Discover

ACCOUNT #: _____ EXPIRATION DATE: _____ CVV: _____

NAME ON CARD: _____