

WRIGHT FOUNDATION DONATION FORM

Print this page, complete the information and mail the completed form to
Wright Foundation for Pediatric Ophthalmology and Strabismus
520 South San Vicente Blvd.
Los Angeles, CA 90048.
or
fax it to 310-652-6463

DONOR INFORMATION

NAME	
COMPANY / FOUNDATION	
ADDRESS	
PHONE	
EMAIL (optional)	

PAYMENT INFORMATION

AMOUNT OF DONATION: \$ _____

CHECK

CREDIT CARD

TYPE OF CREDIT CARD	
CARD NUMBER	
EXPIRATION DATE	
NAME ON CARD	

Signature: _____

For Stock Transfers, please contact our office:

Please describe any stipulations or restrictions for your donation.

THE FOUNDATION IS A TAX EXEMPT 501(c)(3) ORGANIZATION.

Thank You

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