

Donation Information Sheet

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ (not used for solicitation)

E-mail Address: _____

OPTIONAL:

I would like to make my gift in honor or in memory of someone special.

My Gift is in honor of: _____

My Gift is in memory of: _____

Please provide information below if you wish us to notify this individual or his/her family.

Name: _____

Address: _____

City: _____ State _____ Zip _____

Thank you for your generosity.
Central Ohio Lions Eye Bank
242 Neil Ave – Suite 140
Columbus, OH 43215