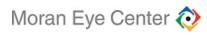
## John A. Moran Eye Center Contribution Form





No person facing a blinding condition, eye disease or visual impairment should be without hope, understanding, and treatment.

Donation Amount:							
	My gift is enclosed. (Please make your checks payable to <i>Moran Eye Center</i> ).						
	I would like to give my gift by Credit Card:						
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	Card Number:			Expiration:			
	Name on Card:		Signature:				
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Plea	ase direct my gift to	: 🗆 Local Outreach	$\square$ International	Outreach	$\square$ Research	$\square$ Area of Greatest Need	
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A notification of your gift will be sent to the person listed below:							
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