

Are you an LCIF Contributing Member?

Your gift will make a difference.

US\$20: Cataract surgery—Africa, South Asia

US\$50: Diabetic retinopathy exam in developing countries

US\$100: Low vision exam and glasses in the western world

Simply complete the coupon below now, indicate your method of payment and mail to LCIF.



CLIP AND MAIL TO: LCIF, 300 W 22ND ST, OAK BROOK, IL U.S.A. 60523-8842.

☐ **Yes**, I want to *personally* make a difference in the lives of people in my community and around the world. Please send my Contributing Member recognition.

(Check one) ☐ Gold level US\$100 ☐ Silver level US\$50 ☐ Initial level/minimum of US\$20; donor receives Contributing Member lapel pin only ☐ Other

Gold and silver levels are shown by a metal wreath tab that attaches to post of Contributing Member pin.

Indicate payment type: ☐ Cheque, bank draft, money order, payable to LCIF in US dollars drawn on a U.S. bank
☐ bank receipt of deposit
☐ Credit card/charge my ☐ Visa® ☐ MasterCard® ☐ Am.Express®

In the amount of US\$ _____ Card No. _____

Signature of Cardholder _____ Exp. Date _____

Donor's name (print clearly) _____ Club Name _____ Club # _____ District # _____

Street Address (Not a P.O. Box) _____ Donor's Phone # _____

City _____ State _____ Country _____ Postal Code _____