

MOSCOT
MOBILEYES
FOUNDATION INC.

MAIL TO:
MOSCOT Mobileyes Foundation
69 West 14th Street
New York, NY 10011

We thank you for your support.
Your contribution is tax-deductible
and we will send you a confirmation.

Date: _____

My name: _____

Address: _____

Home phone: () _____

City/State/ZIP: _____

(Receipt will be sent to the address above.)

EYEGLOSS DONATION:

Donation of glasses: *(please list glasses and approximate value)*

TYPE OF DONATION *(please choose one):*

Monetary Donation in the amount of \$ _____ payable to the MOSCOT Mobileyes Foundation.

General Donation

Gift Donation

Gift in honor of *(name of individual):* _____

Send acknowledgement card to: _____

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? *(name or names)* _____

What would you like the message on the card say? _____

PLANNED GIVING DONATION *(please choose one):*

In Memory of Donation

Gift in memory of *(name of individual):* _____

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? *(name or names)* _____

What would you like the message on the card say? _____

