

**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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_