

Retina Research Fund Support Form

Yes! I want to support the Retina Research Fund of the Kapi'olani Health Foundation.

Enclosed is my tax-deductible contribution of \$_____.

Payment by check:

Please make checks payable to the Retina Research Fund – Kapi'olani Health Foundation.

Payment by credit card:

VISA Master Card American Express

Name on the Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Please check here if you wish your contribution to be anonymous.

For further information about The Retina Research Fund of the Kapi'olani Health Foundation and/or making donations please contact:

The Retina Center Fund
98-1079 Moanalua Road, Suite 470
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Fax: 808-487-3699

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