

Application for Donation



Date: _____

Approval Needed By: _____

Applications must be received at least 2 weeks prior to date needed.

Organization: _____

Purpose of Organization:

Number of Members: _____

Donation Request (Merchandise; Gift Basket; Cash; Etc.):

Who Will The Donation Benefit? _____

Will Medical Eye Center receive public acknowledgement of donation?

Yes

No

If Yes, Please Describe: _____

Other Comments: _____

Contact Person: _____

Phone Number: _____ Email: _____

You may turn in this application and any information you'd like us to consider, by dropping off at the Medford or Grants Pass office, or by:

Fax: 541-779-0796 Email: jenniferr@medicaleyecenter.com

Mail: Medical Eye Center

Attn: Jennifer Rafala

1333 E. Barnett Rd. Medford, OR 97504

Thank you for contacting us for your project or event. While we would love to contribute to each request we receive, we allocate most of our funds a year in advance to organizations that we are established with. However, we will consider your request and respond in a timely manner. We will typically respond via email.