



1015 18th Street, NW
Suite 1010
Washington, DC 20036
Phone (202) 775-4999 Fax (202) 429-6036
E-Mail info@restoresight.org

APPLICATION FOR CONTRIBUTORS

Contributors must not recover, process, screen, or distribute ocular tissue for transplantation, education and/or research. Designation as an EBAA Contributor is available to organizations (other than eye banks) that wish to support the Association. EBAA Contributors have the opportunity to attend EBAA meetings, receive information on Association activities and developments affecting the field of eye banking and participate as non-voting members of EBAA committees.

This application must be completed in its entirety and submitted with all supporting documentation in order for the application to be processed.

Name of Organization: _____

Contact: _____ Title: _____
(This person will receive all mailings and invoices).

Address: _____

Phone: _____ Fax: _____ Email: _____

Web site address: _____

Please attach a current annual report, or equivalent. Describe your relationship to eye banking.

Signature of Officer: _____ **Date:** _____

The EBAA office will contact you regarding your application and may contact you for further information, if necessary. If you have any questions, please contact the EBAA office at 202-775-4999, ext. 13.

Annual contributions for contributors: \$2,500 USD. Annual contributions are due at the time of enrollment and are based on the EBAA's fiscal year (July 1-June 30.) The EBAA is a 501 (c) 3 organization; donations are deductible to the extent allowed by law.