



Please make your check payable to the
American Macular Degeneration Foundation

And send your check to
American Macular Degeneration Foundation
PO Box 515
Northampton MA 01061-0515

A memorial donation from:

Name _____

Address _____

City _____ State _____ Zip Code _____

Name of Deceased _____

City _____ State _____

Send acknowledgement letter to the bereaved family:

Name _____

Address _____

City _____ State _____ Zip Code _____

_____ Yes, I would like to send the family the AMDF Newsletter, *In the Spotlight*.

or

_____ Yes, I would like the AMDF Newsletter, *In the Spotlight*, sent to me.