



**American  
Macular  
Degeneration  
Foundation**

Saving sight through research and education

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**

### Memorial Donation

**Donor:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email** \_\_\_\_\_

**Name of deceased:**

\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Send acknowledgement letter to the bereaved family:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Four issues of the AMDF Newsletter, In the Spotlight, are available with your gift of a \$25.00 donation or more (foreign - \$40.00). AMDF DVD Hope & Cope – Living with Macular Degeneration will come with a first-time subscription (USA only).

Send the newsletter to the family as a gift     I would like the newsletter for myself