



Eye Partners Inspire Fundraising Form

Name: _____

Chapter (if applicable): _____

Email address: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

How did you fundraise?

How long did you fundraise? _____

Approximately how many people were involved in the fundraiser? _____

Would you consider fundraising for E.P.I. again? _____

Our chapter fundraised \$_____.

Please mail the money you fundraised with this form to: Eye Partners Inspire 55 Gerard St, Huntington, NY 11743 P.O. Box 1044. **All proceeds must be made into a check.**