Type of Eyeglasses:	
Date:	
Name:	
Address:	
City:	Province/State:
Postal Code or Zip Code:	
Phone:	
Email:	

If your eyeqlasses cannot be repaired successfully, you can donate them to Laserfix for continuing research. We will still mail back your cheque or money order.

-- Please send to the address below

Yes, keep them \checkmark No, send them back

PRINT N



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