



MAIL-IN FORM

Please **print this form**, fill out all applicable fields, and **include with your shipment**.

Type Of Eyeglasses:

Name:

Date:

Address:

City:

Province/ State:

Postal/ Zip Code:

Phone Number:

Email Address:

If your eyeglasses cannot be repaired successfully, you can donate them to Laserfix for continuing research. We will still return your payment.

Yes, keep them

No, send them back

Accepted Payment Methods: Cash
Cheque
PayPal
E-Transfer to darrelfraserrdt@gmail.com

----- **PLEASE SEND TO ONE OF THE LOCATIONS BELOW** -----

LASERFIX VICTORIA

550-2950 Douglas Street
Victoria, BC
V8T 4N4

LASERFIX COURTENAY

1880-6th St. East
Courtenay, BC
V9N 8B6