



## 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](mailto:darrelfraserrdt@gmail.com)

----- **PLEASE SEND TO THE LOCATION BELOW** -----

### **LASERFIX COURTENAY**

1880-6th St. East

Courtenay, BC

V9N 8B6