



**Thank you for your order of NKCF patient materials. We hope they help your patients understand keratoconus and its treatment better. Although we do not charge for patient materials, we kindly ask that you make a donation in any amount to continue to provide these services. All donations are tax deductible.**

Please Accept  
my donation of: \_\_\_\_\_

**Please charge my:**    AMEX    ☐ MasterCard    ☐ Visa    ☐ Discovery

Card Number	Expires	Security code
-------------	---------	---------------

Name as it appears on card (please print)

---

Address

City	State	Zip Code
------	-------	----------

Email \_\_\_\_\_ Telephone \_\_\_\_\_ ☐ day ☐ evening

☐ I am printing this form and mailing a check to “UCI Foundation”

**Mail to:**

**The National Keratoconus Foundation**  
**850 Health Science Rd**  
**Ophthalmology Dept.**  
**Bldg. 843**  
**Irvine, CA 92697**

The National Keratoconus Foundation and NKCF.org are programs of the Gavin Herbert Eye Institute, UC Irvine.