

MATERIAL REQUEST FORM

YOUR NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EVENT TITLE/DESCRIPTION: _____

EVENT LOCATION: _____

EVENT DATE: _____

NUMBER EXPECTED TO ATTENDANCE: _____

CIRCLE ITEM AND LIST NUMBER NEEDED:

DONOR REGISTRY _____

PLACEMATS _____

BOOKMARKS _____

EYE-BANK BROCHURE _____

HIGH SCHOOL PROGRAM PACKET FOR TEACHERS _____

PENS (LIMIT 50 PER REQUEST) _____

EYE-BANK KEY TAGS (LIMIT 50 PER REQUEST) _____

PLEASE CALL IN YOUR ORDER OR SUBMIT FORM TO AND ALLOW 2
WEEKS FOR PROCESSING:

MIDWEST EYE-BANKS
4889 VENTURE DRIVE
ANN ARBOR, MI 48108
1-800-247-7250
FAX: 734-780-2143

