

Once you've liked the page, please print this form and bring it with you to your next exam. The donation amount is based on your out of pocket payment on the day of your visit. Please note that this is a limited time offer only and ends on Sept. 30th.

Your Name:



Your Child's Name:

Name of School You Wish to Donate to:

Donation Amount (We Will Fill this Out)

I give Livingston Eyecare Associates permission to provide my name to the school I donated to.