



Alumni Dues Form

Contact Information:

Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Home Phone: _____ Business Phone: _____

Email: _____

Method of Payment:

- **Credit Card** - Visa MasterCard Discover American Express

Card #: _____ Expiration Date: ____/____

Security Code: _____ Card Billing Zip Code: _____

Name on Card: _____

Signature: _____

Please Charge \$_____ to this credit card.

Please fax this form to 305-326-6199 or scan to bpeicommunications@med.miami.edu

- **Check** – Enclosed are my alumni dues of \$_____ made payable to *Bascom Palmer Alumni Association*.

Please mail your dues along with this form to:

**Bascom Palmer Eye Institute
Alumni Association
c/o Marla Bercuson
900 NW 17 Street
Miami, FL 33136**

For more information or if you have any questions, please call 305-326-6190.