



**Working Together to Advance Professional Opticianry Care for the State of New Mexico**

**Opticians Association of New Mexico, Inc.  
Educational Foundation Funds  
Sponsorship Donation Form**

(Distribution: top of form to sponsorship)

**TO: Opticians Association of New Mexico Educational Foundation Funds  
FROM: Opticians Association of New Mexico Fundraising Committee  
RE: Tax-deductible Contributions**

**Thank you for your tax-deductible donation to the Optician Association of New Mexico Educational Foundation Funds. Your contribution will help us to meet our educational goals.**

**This receipt verifies your donation for the Optician Association of New Mexico Educational Foundation Funds during the fiscal year of September 30, 2011 through October 31, 2012.**

**Sponsor: \_\_\_\_\_  
Donation: \_\_\_\_\_**

.....  
(Distribution: bottom of form to Optician Association of New Mexico, Inc.)

**Opticians Association of New Mexico, Inc.  
Educational Foundation Funds Control Form**

**Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Business/SponsorName: \_\_\_\_\_**

**Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_**

**Business Phone: \_\_\_\_\_**

**Contact Person: \_\_\_\_\_**

**Donation: \_\_\_\_\_**

**Advertise/Acknowledge Sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_**