



Rotary eClub One supports you
in the Cataract and Macular degeneration
Education /awareness project

First Name:	E-Mail:
-----	-----
Last Name:	-----
-----	-----
Adress:	Phone:
-----	-----
-----	Rotary Club:
-----	-----
City:	-----
-----	-----
Country:	-----
-----	-----

YOUR SUGGESTIONS FOR A COMMON ROTARY PROJEKT IN YOUR CITY:

Are you interested in starting this programme together with Rotary eClub One in your city?

Could you integrate this programme into one your ongoing projekt?

Do you have additional ideas to improve Visionprotect?

Thank you very much!