Glaucoma NZ Celebrates 10 Years

Glaucoma NZ is celebrating 10 years of working in the community to eliminate blindness from glaucoma.

All information and services are provided free to the public throughout New Zealand.

Snapshot

2002
- **GNZ is established** with founding Trustees – Dr Ken Tarr (Chair), Professor Helen Danesh-Meyer (Deputy Chair), Mr John Bishop, Dr Mark Donaldson, Dr Mike O’Rouke and Mr Gordon Sanderson.
- **A membership database** is developed.
- **GNZ launches its website** [www.glaucoma.org.nz](http://www.glaucoma.org.nz).
- **0800 advisory service** is activated (0800 452 826).
- **Nationwide Public Meeting Programme** commences. Each Public Meeting consists of a one hour presentation by an ophthalmologist followed by an opportunity for questions and answers. The meetings are promoted via local newspapers, personal invitation to GNZ members, community radio and flyers.
- **Members Information Pack** is developed for distribution to all new members.

2003
- **Eyelights Newsletter first edition published.** 31 editions have since been produced for distribution to GNZ members, at Public Meetings, health conferences and in the waiting rooms of our health professionals.
- “**Run for Your Sight**” – GNZ supporters take to the streets in the Auckland Marathon event to raise awareness of glaucoma and funds.
2004
- National Professional Education Programme is established. This annual programme is open to eye health professionals involved in glaucoma care in New Zealand and is conducted online.

2005
- Mayors for Sight Awareness Campaign – 65 mayors around the country agree to have a glaucoma eye examination during the same week. The campaign focuses on glaucoma as the ‘silent thief of sight’, and the importance of early detection through eye examinations.
- GNZ awards its first Research Grant investigating the ‘Economic Impact of Visual Impairment in New Zealand’, prepared by Access Economics Pty Ltd.

2006
- “Don’t Lose Sight of Your Family” postcard campaign highlights the significance of having a family history of glaucoma, and the need for first degree relatives to have their eyes examined.
- GNZ Research Grant supports “Knowledge and Quality of Life in Glaucoma” study by Prof. Helen Danesh-Meyer and Dr Narme Diva.

2007
- Celebrities around the country support GNZ in a week long Awareness Campaign by having their eyes checked for glaucoma. GNZ members share their personal stories in the media.
- GNZ Research Grant supports a study into the “Determination of the genetic basis for glaucoma in a New Zealand population” by Dr Andrea Vincent.

2008
- GNZ Research Grant supports – “Evaluation of connexin43 antisense oligonucleotide as a novel wound modulating agent in glaucoma filtration surgery in rabbits” study by Dr Narme Deva and Professor Helen Danesh-Meyer.
- Founding Chair, Dr Ken Tarr and fellow Trustee Mr John Bishop retire from GNZ’s board of trustees. Prof. Helen Danesh-Meyer takes up the position of Chair with Mr Gordon Sanderson as Deputy Chair. A new trustee, Mr Harold Titter, is appointed.

2009
- The ‘July Annual Awareness Appeal’ is launched – a nationwide month long initiative aimed at lifting the awareness of glaucoma as well as raising vital funds. Ophthalmologists, optometrists, pharmacies, ASB banks and others lend their support by taking GNZ donation boxes and participating in an extensive media campaign. The July Annual Appeal is now a permanent fixture in GNZ’s calendar.

2010
- Educational Resources grow with the development of the ‘Eye Drop’ card. The card contains information and illustrations on how to administer eye drops and is distributed to pharmacies, optometrists, ophthalmologists and the public.
- GNZ’s Professional Education Programme goes international. A new online programme developed for Australian optometrists is launched. A new website is established to support the international programme www.glaucomaeducation.com

2011
- Educational Resources extended with the publication of ‘Your Eyes’ - a comprehensive booklet on glaucoma and general eye health for distribution to the public and health professionals.
- “Big strides in glaucoma fight” – 75 year old Doug Wilson supports GNZ’s July Annual Awareness Appeal walking from Kaitaia to Bluff.
- GNZ awards a Summer Student Research Grant focusing on Connexin 43 changes in open angle glaucoma and the role of astrocytes in glaucoma (astrocytes are the cells that are damaged in glaucoma).
- Community Group Presentations initiative is expanded to give even more people the opportunity to learn about glaucoma.

2012
- Glaucoma NZ membership hits the 10,000 milestone.
- Public Meetings held will reach 140 with over 12,000 in attendance.
- Eyelights print run now 12,500 and growing.
- 4th “July Annual Awareness Appeal”.
- The work continues...

For a small Foundation, with a big vision, Glaucoma NZ has come a long way and achieved much in its first 10 years. We are committed to continuing with our nationwide education and awareness programmes, and supporting research into glaucoma in New Zealand.

Our ultimate goal of eliminating blindness from glaucoma remains at the core of everything we do.

We would like to thank GNZ members for their vital donations, and appreciate the ongoing support of our ophthalmology and optometry colleagues.

Glaucoma NZ would like to acknowledge our sponsors and supporters – past and present.

Without your financial contributions, services and time we would not have made the progress we have to date.

Sponsors
- Alcon
- Allergan
- Pfizer New Zealand Ltd

Supporters
- ASB Bank Limited
- ASB Community Trust
- Broderick Printing and Design Ltd
- Constellation Communities Trust
- Dragon Community Trust Ltd
- Grey Power Association
- Guardian Trust
- Lions Clubs
- New Zealand Association of Optometrists
- New Zealand Lottery Grants Board
- New Zealand Optics
- Post Haste Couriers
- Rotary Club of Newmarket Inc
- Rotary Club of East Coast Bays
- South Auckland Charitable Trust
- Southern Trust
- The University of Auckland
- Zeiss

We would like to thank GNZ members for their vital donations, and appreciate the ongoing support of our ophthalmology and optometry colleagues.
Reader’s Story


Whilst living in New Plymouth in 1967 I noticed that our then 5-month old son, Stuart, was sensitive to light. This often occurred when I was attending to him at night with the light on, or during the day when he was out in his pram; he would turn his head into his pillow away from the sunlight. I discussed this with our GP who prescribed drops for blocked tear ducts, but this treatment was not effective and we were subsequently referred to an eye specialist in New Plymouth. The eye specialist made an almost immediate diagnosis of juvenile glaucoma, having seen only one other case in 20 years. He admitted Stuart to hospital so as to examine him under anaesthetic. The next day he made arrangements for us to fly to Auckland where another eye specialist took over his treatment.

Over the next six months the Auckland eye specialist operated separately on each eye, and we made five trips to Auckland during that time for the operations and check-ups. The operation performed on Stuart is called ‘Goniotomy’. An opening is made in the trabecular meshwork providing a way for fluid to flow out of the eye. Goniotomy is a surgery for children only.

We then moved to Central Otago and Stuart was treated in Dunedin over the next 20 years or so before moving to Australia to study astronomy. Since then he has lived in Alabama, Hawaii as well as Australia, and wherever he has gone he has been referred to glaucoma specialists for regular treatment and check-ups.

Reading your Juvenile Glaucoma article was like going back in time for me and reliving what were worrying times, even though I had complete confidence in the specialists. The specialist in New Plymouth drew my attention to the large prominent eyes which were so obvious when he got me to stand side-on to Stuart. This particular feature and sensitivity to light were among the signs to look out for as mentioned in your Eyelights article.

As for the ongoing quality of a child’s eyesight following a diagnosis of juvenile glaucoma and subsequent treatment, I can only say that our son has a very successful career as a professional astronomer, and has met a lot of interesting people around the world when keeping appointments with glaucoma specialists. As long as he always remembers to use his eye drops daily and attend his check-ups as required (usually every 4 – 6 months), he does not anticipate any problems. He also has not had any difficulty getting a driver’s licence wherever he has lived.

How does it work?
This technique uses focused ultrasound to heat up and kill the cells in the tiny gland called the ciliary body which produces the fluid in the eye. With fewer cells in this gland, less fluid is produced. In essence, the treatment ‘turns off the tap’ and so there is less fluid to challenge the drainage system.

Potential Benefits
This treatment is quick, relatively non-invasive and can be done as an outpatient with no hospital admission necessary.

Potential Risks
It is important to study this treatment carefully so that a precise and predictable number of cells in the ciliary body are destroyed. If too few cells are destroyed, there will be no benefit from the treatment. If too many cells are destroyed, then the pressure in the eye can go too low and blindness can result.

Where are we at now?
The treatment is under a multi-centre clinical trial. Results should be available next year - watch this space!

For New Readers

To those of you who have joined Glaucoma NZ since the last issue of Eyelights, we welcome you!

For your information here are some basic facts about glaucoma:

People of all ages can get glaucoma.
There are different types of glaucoma, but they all involve damage to the optic nerve, the nerve of sight, which is at the back of the eye.
Glaucoma is not curable. If you have glaucoma it must be monitored for the rest of your life.
A family history of glaucoma means you are at much greater risk of developing glaucoma.

Current treatments for glaucoma aim to lower eye pressure.
Medication in eye drops can have side effects on other parts of your body. Tell your eye specialist if you notice any change in your general well-being since you started the eye drops.
If you have glaucoma tell your relatives, especially those close relatives like sisters, brothers and adult children. They have an increased risk of developing glaucoma so advise them to have an eye examination.
Glaucoma NZ is a registered charitable trust which receives no government funding. We rely solely on donations, sponsorship, grants and fundraising. All the information available to you from Glaucoma NZ is free.

If you would like to share your glaucoma story with readers, we would love to hear from you. Please email, post or fax your story to Glaucoma NZ, attention Eyelights Editor.
Beyond Glaucoma

Dry Eyes

Dry eye is a common eye condition that affects thousands of New Zealanders every day. This article answers some questions about the condition.

How common is it?
Dry eye affects around 1 in 3 people over the age of 40, and it’s even more common in older age groups and in contact lens wearers.

What are the symptoms?
In some cases dry eye can affect your quality of vision and sensitivity to light but most often it is the chronic eye irritation that causes the day-to-day problems for affected individuals. The most frequently reported symptoms of dry eye are grittiness and burning, or a sensation of sand or grit in the eyes. You might be surprised to hear that excessive watering of the eyes (epiphora) can also be a symptom of dry eye!

What’s gone wrong?
In dry eye the tear film has typically become dysfunctional, causing the eye’s surface to become inflamed, and resulting in chronically red and irritated eyes. This is either because of a lack of tear quantity (volume) or quality. The thin layer of tears that covers your eye, keeping it lubricated, nourished and protected has three main components; mucins at the base to help the active ingredients in the drops make their way to the surface, and the superficial cells of the ocular surface, which help the tears to spread. These components must all be functioning to create a healthy tear film of adequate quantity and quality.

Why has my tear film become dysfunctional?
Usually a combination of factors are responsible for the development of a dry eye. Some of the more common causes are listed below:

- **Age:**
  Dry eye becomes more common with increasing age.

- **Gender:**
  Dry eye is particularly prevalent in post-menopausal women.

- **Environment:**
  Air-conditioned, centrally heated, smoky, polluted or windy settings, as well as computer use, can aggravate dry eye.

- **Contact lenses:**
  Contact lenses disrupt the natural tear film, causing excessive tear film evaporation.

- **General health:**
  Rheumatoid arthritis, diabetes, thyroid disease and other immune disorders such as Sjögren’s syndrome are more commonly associated with dry eye.

- **Oral medications:**
  Some medications for allergy, depression or acne, for example, can affect the tear film, as can eye surgery, especially laser surgery (e.g. LASIK).

- **Eye drops:**
  Glaucoma is associated with a higher incidence of dry eye because of the medications used to treat the condition. Most eye drops for glaucoma contain preservatives, which are important for two reasons; to protect the drops from contamination in the bottle, and also to help the active ingredients in the drops reach their target destination (inside the eye). Unfortunately, though, repeated application of preserved drops, over a long period of time, can damage the superficial cells of the ocular surface, making the eye less wettable and resulting in the development of dry eye signs and symptoms.

- **What can you do about it?**

**Improve the environmental conditions:**
Minimise use of air-conditioning and central heating or, at the very least, move away from air vents. Enhance the level of moisture around the eyes with the use of humidifiers, and/or by wearing wrap-around style spectacles to create a humidified local environment, protected from airflow. Breathable foam inserts that form a seal around the eye are an option with some wraparound style glasses or sunglasses.

**Minimise use of cosmetics:**
Cosmetics and face creams worn on the face and around the eyes can migrate over the eyelid margins and disrupt the tear film, exacerbating dry eye, so aim to reduce make-up use.

**Optimise computer workspace and viewing habits:**
Adopt a slight downward gaze at the computer screen where possible to minimise the exposed eye area. Lowering your screen prevents excessive drying of the eye surface. Maintain full and regular blinking, at least once every 5 or 6 seconds. Software incorporating a ‘blink reminder’ has been designed with dry eye computer users in mind and can be downloaded free of charge (www.dryeyezone.com).

**Review your diet:**
Increasing your dietary intake of essential fatty acids (EFA), particularly Omega 3, can help reduce dry eye symptoms. Good natural sources of Omega 3 include oily fish (such as salmon) and linseed (or flaxseed) oil. It’s also important to stay hydrated, so drink plenty of water.

**Perform eyelid hygiene:**
Tear film quality can be adversely affected by a lack of oils due to blocked glands (meibomian gland dysfunction). Thoroughly cleaning your eyelid margins, ideally with commercially prepared lid cleansers from your pharmacy, helps to remove any crusts (signs of blepharitis) from around the eyelashes. Warm compresses, using a wheat or flaxseed bag heated in the microwave, for example (Figure 1), helps to unblock the glands by melting the oils. After warming the eyelids for at least 5 minutes, it’s helpful to roll your finger gently over your eyelids, towards the edges (i.e. rolling with a downwards motion for the top lid and upwards for the bottom lid) to help squeeze the oils out of the glands (Figure 2.). It should be noted that these are chronic eyelid conditions and so need regular and long-term commitment if management is to be successful.

---

**Figure 1:** A warm compress helps unblock the glands.

**Figure 2:** Gentle pressure outwards helps keep oils out of the gland.
Use artificial tears:
Dry eye is most commonly managed with artificial tear supplements (drops). Most of the drops are best suited to aqueous deficient dry eye by boosting tear volume but some newer products target the tear film oil layer, to cater for those with evaporative dry eye. The products range in viscosity (runniness). The most gloppy eye drops provide the longest relief from symptoms, but cause transient blurring on application. This is often tolerated by patients with moderate to severe dry eye but those with milder symptoms might prefer a less viscous (a runner) eye drop.

Consider punctal plugs:
Another solution for a dry eye that doesn’t produce enough tears (aqueous deficient) might be punctal plugging. Tiny silicone plugs are inserted in the drainage channels (puncta) on the inner corners of your eyelid margins, stopping the tears (or tear supplements) from draining out, keeping the eye’s surface wetter for longer.

Review medication side effects:
If prescribed medications cause significant dry eye, your general practitioner (GP) or specialist might consider alternatives. However, often the benefits of your medication outweigh the side effect of dry eye, and other means of managing the dry eye must be sought. With your eye specialist, look out for new medications. Only last month, the first non-preserved prostaglandin analogue for lowering intraocular pressure was approved for use in the United States (Zioptan). Your eye specialist will be able to advise you, on an individual basis, about the suitability of new products for you, as they become available locally.

Conclusion
While dry eye is a common problem that can have a significant impact on quality of life, there are many ways affected individuals can adapt their lifestyle and environment to cope with this chronic condition and an ever-increasing number of options for managing dry eye.

Professional Education Programme
Now approved for 10.5 Clinical Diagnostic Credits!
Glaucoma New Zealand’s 2012 Professional Education Programme is open for enrolments.
This year sees the commencement of a new online web-based course structure:
- The professional education programme is approved by the NZ Optometrist & Dispensing Opticians Board CPD Committee for a maximum of 10.5 Clinical Diagnostic (CD) Credits.

- The programme consists of 7 cases – each with a case history, questions and answers for self-directed learning, followed by an associated web-based examination.
- Successfully passing all 7 cases awards the maximum of 10.5 CD credits.

While mainly directed at optometrists, the Programme is open to any of those in the eye health field, including orthoptists, nurses and technicians.
Up to eighteen hours commitment over the year is involved.
For a full explanatory letter and enrolment options please visit www.glaucoma.org.nz

Selective Laser Trabeculoplasty
Treatment of primary open angle glaucoma (the most common form of glaucoma) mainly revolves around lowering the pressure in the eye. The target pressure is individualised and may differ from person to person. Most often pressure is lowered with eye drops, less commonly with tablets or surgery. Another option is laser treatment. Argon laser trabeculoplasty (ALT) has been used for decades. More recently selective laser trabeculoplasty (SLT) has become available.
SLT targets the pigmented cells in the trabecular meshwork, the drainage system through which aqueous fluid leaves the eye. It should not be confused with lasers used for narrow angle glaucoma, correction of short-sightedness or treatment of retinal disorders. These different lasers all have differing wavelengths and applications.

Why do SLT?
If your glaucoma is well controlled on eye drops and you are experiencing few if any side effects, there is no need to make any changes. SLT is useful for people who:
- Are poorly controlled on their drops.
- Are experiencing side effects from their drops.
- Are poorly compliant with their drops, or
- Would like to try to get off their drops if possible.

How successful is SLT?
As with any procedure the treating ophthalmologist should discuss any risks with the individual patient. However, as a general rule SLT is very safe. The area of the eye being treated is well away from sensitive structures such as the retina. The machine has an aiming beam that shows exactly where each shot will be placed. The risk of treating the wrong part of the eye is therefore almost zero. One advantage is that there is of course no risk of an allergic reaction as laser is just light of a particular wavelength. Pressure in the eye may temporarily rise if there is an inflammatory reaction, but that is easily controlled.

How does SLT work?
Laser light of a particular wavelength (532nm) is directed into the trabecular meshwork via a special lens. Unlike ALT it does not burn holes in the meshwork but rather seems to work by activating the cells responsible for pumping fluid out of the eye. There are typically 50-100 laser shots per eye.

How is SLT done?
A local anaesthetic drop is instilled in the eye to be treated. The pupil is not dilated. A lens is placed on the eye and you put your forehead up against a head rest, much like you would if you were having your pressure measured. One eye is treated at a time, but both can be done at the same sitting. You will see flashes of light and may feel a slight sting occasionally. You should not experience any actual pain. Treatment takes a few minutes per eye. Afterwards your eyes will be a bit blurred for a few minutes as you blink out the gel that was on the lens.

Is it safe?
As with any procedure the treating ophthalmologist should discuss any risks with the individual patient. However, as a general rule SLT is very safe. The area of the eye being treated is well away from sensitive structures such as the retina. The machine has an aiming beam that shows exactly where each shot will be placed. The risk of treating the wrong part of the eye is therefore almost zero. One advantage is that there is of course no risk of an allergic reaction as laser is just light of a particular wavelength. Pressure in the eye may temporarily rise if there is an inflammatory reaction, but that is easily controlled.

How successful is SLT?
Flexible people SLT works about 80% of the time, but to some extent it depends on the definition of success. Most ophthalmologists would consider a pressure reduction of 25-30% to be a successful outcome. Depending on your starting pressure and your target pressure you may be able to come off your drops altogether, or you may be able to reduce the number of drops you take. How long it will last will differ from person to person, but most people should see a benefit for a number of years at least. Realistic expectations should be discussed with your ophthalmologist. SLT can be repeated if necessary as the treatment does not cause a thermal burn to the tissues.
**Eye on Research**

There are many researchers working here in NZ and internationally looking at finding ways to restore vision lost from glaucoma as presently this cannot be done.

Our current treatments slow the process of glaucoma so for most patients no meaningful vision loss occurs in their lifetime. However, several possible directions for a ‘cure’ are under investigation.

**Innovative Drug Delivery and Neuroprotection**

If glaucoma medicine could be given only once or twice per year, it would be more effective and patients would no longer need to take eye drops every day. Several different types of drugs could be placed on or in the eye at the same time, including long-lasting drugs that lower eye pressure, or modified virus particles that put new genes inside the eye cells to slow glaucoma damage.

Researchers have already successfully tested glaucoma gene therapy in laboratory models. Gene therapy is one of several approaches, called neuroprotection, to preserve existing vision. There are several potential neuroprotective drugs, but no definite benefit has been shown in human trials yet.

**Optic Nerve Cell Regeneration**

For those who have very significant vision loss from glaucoma, the hope is that one day vision that has been lost will be restored. This requires regeneration of the cells in the optic nerve called retinal ganglion cells. Like most cells in the brain, retinal ganglion cells do not normally re-grow which is why lost sight cannot be restored. So to improve vision the retinal ganglion cells must be regenerated. This also requires that the new cells are able to make connections and link up with other retinal cells that they normally get information from. Finally the new cells must grow a fibre to the brain and connect with the cells in the visual relay station. Connections need to be made that produce useful vision, without messing up existing connections for the vision that hasn’t already been lost. This is no easy process!

---

**Progress**

Ten years ago, scientists thought it would be impossible ever to restore vision in glaucoma. Since then researchers have taken some important steps forward. One possibility is to take some special cells called progenitor cells surgically out of the eye. Then we can use these cells to grow thousands of new ones outside the eye. These cells can then be implanted back into the eye. Since they are the patient’s own cells, they won’t be rejected. Progenitor cells from the eye and from bone marrow have been tested as replacements in the eye, and have lived there for brief periods. The next steps are to connect them to the existing retinal cells and grow a fibre up to the brain.

**Summer Student Success**

In 2012 Glaucoma NZ sponsored its first Summer Student, Peny Lin, a medical student from the University of Otago. Peny was selected because of her outstanding academic achievement and enthusiasm for research.

Peny’s project was a laboratory based study based in the Department of Ophthalmology at the University of Auckland. Her project involved establishing a model of glaucoma that could be used to study the role of inflammation and the immune system in glaucoma. There are emerging theories that the immune system and inflammation play a significant role in the initiation and progression of glaucoma.

Peny was able to skilfully master several complex laboratory techniques including confocal microscopy and histological preparation of retinal layers. Her hard work played an important role in establishing the foundation for this direction of research.

**Public Meetings 2012**

Glaucoma NZ’s free public meeting programme has already begun with meetings in Tauranga and Dunedin. These meetings are extremely popular and informative so plan to attend when there is one in your area.

Future meetings are being planned for Rotorua, Invercargill, Hamilton, Christchurch, West Auckland, Orewa, Auckland Central, Whanganui, Wanganui, Lower Hutt, Napier, and Palmerston North.

Visit www.glaucoma.org.nz for details.

Glaucoma NZ members will receive personal invitations for meetings in their area.

These meetings are open to any member of the public wanting to know more about glaucoma – invite your family and friends to attend.

See you there.

---

**Entertainment™ Books**

A great gift for family and friends – something for everyone!

The Entertainment™ Book is a restaurant and activity guide that provides hundreds of 25-50% off, and 2-for-1 offers from many of the best restaurants, cinemas, hotel accommodation and attractions throughout Auckland / Waikato and Bay of Plenty / Wellington / Christchurch and Nelson / Dunedin, Invercargill, Queenstown and Surrounds, as well as Australia. Glaucoma NZ receives a donation from every book sold.

Use the enclosed order form to order your Entertainment Book™ now and not only will you receive over $15,000 in valuable offers, valid to 1st June 2013, but you will also help raise funds for the ongoing work of Glaucoma NZ.

You can also order online - please visit www.glaucoma.org.nz

---

**Suggested ways you could help Glaucoma NZ help you:**

- Continuing your most welcome and appreciated donations.
- Arrange a community fundraising event in your area.
- Contact us to arrange for a glaucoma educator to speak at your club/organisation or workplace.
- Purchase an Entertainment Book.
- Suggest to your work colleagues that they hold a special day or event to support our charity.
- Think of us when preparing or updating your Will.
- Tell everyone about Glaucoma NZ and its services.

**P.S. If you are looking at holding a fundraiser, please don’t hesitate to contact us to discuss ideas and promotional material we have to enhance your event.**
New Year Appeal
Saving Sight through Education

WE NEED YOUR HELP to maintain and extend our educational initiatives in an effort to reach all New Zealanders with vital information.

- Public Meetings Nationwide
- Community Group Presentations
- Information Resources including
  - "Your Eyes" a comprehensive booklet on glaucoma and general eye health
  - "Putting in Eye Drops" helpful tips card
- Eyelights Newsletters
- Continuing Education Programmes for Eye Health Professionals

Please help us invest in a future without blindness from glaucoma.

THANK YOU for your continuing generosity – every donation counts!

YES! I would like to make a donation to support research.

☐ $200  ☐ $100  ☐ $50  ☐ $20  ☐ $_____ (other)

Name _______________________________________

Address ______________________________________

_________________________________________ Postcode______

Phone No _______________ Email _________________

☐ I enclose my cheque made payable to Glaucoma NZ

☐ Please debit my credit card  ☐ Visa  ☐ Mastercard

Name on Card ______________________________________

Card No _______ / _______ / _______ / _______

Expiry Date _____ / _____  Signature ___________________

Donations of $5.00 or more are tax deductible and will be receipted.

YES! I would like to receive more information about:

☐ Donating on a regular basis by Automatic Payment

☐ Leaving a bequest in my Will to Glaucoma NZ

☐ I have already included Glaucoma NZ in my Will

Contact Details
Glaucoma New Zealand
Department of Ophthalmology
The University of Auckland
Private Bag 92019,
Auckland 1142, New Zealand

Telephone: 09 373 8779
0800 GLAUCOMA
0800 452 826

Facsimile: 09 373 7947

Email: info@glaucoma.org.nz

www.glaucoma.org.nz

The Trustees of Glaucoma NZ

Professor Helen Danesh-Meyer (Chairperson)
Dr Mark Donaldson
Dr Mike O’Rourke
Mr Gordon Sanderson (Deputy Chairperson)

Glaucoma New Zealand - CC21421 is a registered charitable entity in terms of the Charities Act 2005.

Auditors WHK Gosling Chapman

Moving House?
Don’t forget to advise Glaucoma NZ of your new address.