



Certifies that the Institution named below:

***DONOR NETWORK
of ARIZONA
Tempe, AZ***

*has met the association's Medical Standards and
accreditation requirements and is hereby accredited for
the following eye bank functions:*

Recovery

Effective Dates

June 26, 2025 – June 30, 2028

A handwritten signature in black ink, appearing to be "A. [unclear]", written over a horizontal line.

Chair, Board of Directors

A handwritten signature in black ink, appearing to be "K. P. [unclear]", written over a horizontal line.

President & CEO