

Leading Research ... Saving Sight

Yes, I want to contribute to the sight saving research taking place at the Retina Foundation of the Southwest.			
Yes, my company matches employee contributions. Company Name:			
Yes, I want to learn more about leaving a legacy gift to the Retina Foundation of the Southwest.			
□ \$100 □ \$250 □ \$500	□ \$750 □ \$1,000	☐ Other Amount	
Optional Designated Use of Gift: □ Ur	nrestricted Restricted	d to the following purpose/ area	
Please check one: □ VISA □ MasterCard □ American Express			
Credit Card #:	Exp. Date:	3 Digit Code:	
Name exactly as it appears on the card:		Phone:	
Address:			
City/ State/ Zip Code:			
This gift is □ in honor of	s gift is \square in honor of \square in memory of		
Please send an acknowledgement to:			
Name:	ame: Phone:		
Address:			
City/ State/ Zip Code:			

Please FAX your donation to the attention of:

Jean Buys, Executive Director
The Retina Foundation of the Southwest
214-363-4538

Thank you for your support!