Retina Foundation
of the Southwest
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: ☐ Unrestricted ☐ Restricted to the following purpose/ area

_____

☐ Enclosed is my check.

I wish to use my credit card. 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 _____ ☐ in memory of _____

Please send an acknowledgement to:

Name: _____ Phone: _____

Address: _____

City/ State/ Zip Code: _____

Please make a copy of this form for your own records and mail the original to:

Jean Buys, Executive Director
The Retina Foundation of the Southwest
9600 N. Central Expressway, Ste. 200
Dallas, TX 75231

Thank you for your support!