



GIVE THE GIFT OF SIGHT

Name (First/Last) _____

How You Wish to be Listed _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please select your donation amount:

\$100 \$500 \$1,000 \$5,000 Other Amount _____

My company matches employee contributions. Company Name: _____

Please send me information about joining the Retina Foundation's Legacy Society.

Optional Designated Use of Gift: Unrestricted Restricted to _____

I have enclosed a check in the amount of \$_____

Please make checks payable to Retina Foundation of the Southwest.

Please charge my American Express MasterCard Visa

Card Number _____

Expiration Date _____ CVC _____

Name on Card _____

This gift is in honor of _____

in memory of _____

Please send an acknowledgement to:

Name (First/Last) _____ Phone _____

Address _____

City _____ State _____ Zip _____

Please return completed donation form to Amy Johnson at ajohnson@retinafoundation.org or
Retina Foundation of the Southwest, PO Box 824189, Dallas, TX 75382-4189

Thank you for your support!