

DONATION FORM**CONTACT INFORMATION**

Name		Name as you wish it to appear in donor listings (if different)			
Street address	City	State/Province	Postal code	Country	
Email		Phone			

GIFT AMOUNT

\$5,000 \$1,000 \$500 \$250 \$100 Other

MY/OUR GIFT IS FOR:

Unrestricted (use where needed most) Women in Eye and Vision Research (WEAVR)
Publications Financial Assistance Developing Country Eye Researcher Travel Fellowships
Named travel grant (specify travel grant): _____

OPTIONAL DESIGNATIONS:

This gift is in:
Honor of: _____ Memory of: _____
Please notify the honoree of my gift (*please provide the notification recipient's name and email or mailing address below*)

Keep my gift anonymous (do not include in donor listings)
My company will match my gift; I will contact my HR department to secure the matching donation
I am interested in joining the Dowling Society; please contact me
I have/would like to include the ARVO Foundation in my estate plans; please contact me

PAYMENT OPTIONS**Check**

I will mail a check payable to *ARVO Foundation for Eye Research* and mail it to:
ARVO Foundation for Eye Research
5515 Security Lane, Suite 500
Rockville, MD 20852 USA

Credit card

I will make my donation online at www.arvofoundation.org/donate
Please call me to make my payment by credit card over the phone

Wire transfer

Please send me wire transfer information

Stock

Please send me information to transfer stock