

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)
Travel grants (general)	ARVO Publications Grant
Named travel grant	Developing Country Eye Researcher Travel Fellowships

Please 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
1801 Rockville Pike, Suite 400
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