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ARVOFoundation.org

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 F	OR:				
Unrestricted (use where needed most) Publications Financial Assistance Named travel grant (specify travel grant):			Women in Eye and Vision Research (WEAVR) Developing Country Eye Researcher Travel Fellowships		
OPTIONAL DESIGN	NATIONS:				
This gift is in:					
Honor of:			Memory of:		
Please notify t	he honoree of my	/ gift (please prov	ide the notification recip	pient's name and e	mail 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 <u>www.arvofoundation.org/donate</u> 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

The ARVO Foundation complements ARVO's mission to advance research worldwide into understanding the visual system and preventing, treating and curing its disorders. The ARVO Foundation supports initiatives that further the careers of eye and vision scientists through research grants, travel awards and career and leadership development programs.