

## Collaboration • Transformation • Acceleration

Yes, I want to contribute to the Clinical Center of Innovation for Age-Related Macular Degeneration.

Yes, my company matches employee contributions. Company Name: \_\_\_\_\_

\$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:*

Amy Lobner, Development Assistant  
Retina Foundation of the Southwest  
9600 North Central Expressway, Suite 200  
Dallas, TX 75231

***Thank you for your support!***