

**100% of donations to Chicago Center for Vision Research go directly to research and educational work. The glaucoma patients from around the world who will benefit from your generosity thank you!**

Please print this form and mail to the following address:

**Chicago Center for Vision Research, Ltd.**  
**c/o University Eye Specialists**  
**Attn: Fiona Higgins**  
**676 N. St. Clair, Suite 1500**  
**Chicago, IL 60611**

**Contact Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Your donation**

*One-time contribution*

Please accept my donation of (circle amount): \$50 ◻ \$75 ◻ \$100 ◻ \$250 ◻ \$500 ◻ Other: \$\_\_\_\_\_

*Pledge*

I would like to pledge a gift of \$ \_\_\_\_\_.  
Whether you'd like to contribute to your total pledge amount monthly, quarterly, semi-annually, or annually, we're happy to discuss payment options with you. We will contact you at the number provided.

**Method of payment**

*Check:* enclosed for \$ \_\_\_\_\_.  
Payable to: Chicago Center for Vision Research, Ltd.

*Credit Card:* In the amount of \$ \_\_\_\_\_.  
 Mastercard       Visa  
Account Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Honor/Memorial Gift**

Make this gift:  
 In honor of: \_\_\_\_\_  In memory of: \_\_\_\_\_

Personal Message:  
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Send Notification by mail       No notification required  
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\_\_\_\_\_

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