

To make a gift to Wills Eye, please complete this form and send to: **Wills Eye Foundation**  
840 Walnut Street  
Philadelphia, PA 19107

**Donor Information**

Preferred Title (Mr./Mrs./Ms./Dr.)      First Name      Middle Name      Last Name      Suffix

Spouse Name (if Joint Gift)

Company Name (if donor is a business)

Address

City      State      Zipcode

E-Mail (preferred)     Personal     Work

Phone (preferred)     Home     Cell     Work

**Gift Information**

**Please accept my/our one-time gift of: \$** \_\_\_\_\_

\*Gifts of **\$1,832 or more in a fiscal year** to the *Fund for Vision* qualify you for the **1832 Society**—our leadership level giving partners.

**Please direct my/our gift to:**

*Fund for Vision*       Other: \_\_\_\_\_

**Tribute Gifts**

**Please accept my/our gift in**  Honor of  Memory of: \_\_\_\_\_

**Please notify:**

Name      Relationship to the honoree/deceased

Address

City      State      Zipcode

**Payment Information**

Enclosed is my/our check payable to: **Wills Eye Foundation**

Please charge my credit card: \_\_\_\_\_  
Name on Card (please print)

Account Number      Expiration Date

**Questions? Contact the Development Office at (215) 440-3154 or [giving@willseye.org](mailto:giving@willseye.org).**

*Wills Eye Foundation is the sole fundraising arm of Wills Eye Hospital and is a 501(c)(3) tax-exempt organization (EIN 59-3794523). Contributions are tax-deductible to the extent permitted by law. To view our State Charitable Solicitation Disclosures visit: [www.willseye.org/state-charitable-solicitation-disclosures](http://www.willseye.org/state-charitable-solicitation-disclosures).*