

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
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Spouse Name (if Joint Gift)

Company Name (if donor is a business)

Address

City	State	Zipcode
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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
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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
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Questions? Contact the Development Office at (215) 440-3154 or 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.