



## LIFELONG VISION FOUNDATION

Research • Community Programs • Education

### Make gifts payable to:

#### Lifelong Vision Foundation

P. O. Box 247

Chesterfield, MO 63006

1815 Clarkson Rd, Ste. 140

Chesterfield, MO 63017

phone: 636.519.0318

[www.lifelongvisionfoundation.org](http://www.lifelongvisionfoundation.org)

### Membership Levels

- |                                |                                   |
|--------------------------------|-----------------------------------|
| <input type="checkbox"/> \$50  | <input type="checkbox"/> \$1,000  |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$2,500  |
| <input type="checkbox"/> \$300 | <input type="checkbox"/> \$5,000  |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$750 | <input type="checkbox"/> \$20,000 |

Lifelong Vision Foundation is a non-profit 501 (c)(3) organization.  
Contributions are eligible for tax deduction to the limit allowable by law.

- I pledge a one year gift to Lifelong Vision Foundation Annual Fund \$ \_\_\_\_\_  
In addition, I intend to give future amounts of \$ \_\_\_\_\_ (yr 1) and \$ \_\_\_\_\_ (yr 2)

Name \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Phone Type (Home, Cell, Work) \_\_\_\_\_

Employer \_\_\_\_\_

Yes  No  
Matching Gift Program

Signature \_\_\_\_\_

Date \_\_\_\_\_

- [Please contact me about including Lifelong Vision Foundation in my Estate Plan](#)

Please charge my credit card  Monthly  Quarterly  In Full

Mastercard  Visa  American Express  Discover

Number : \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ CID: \_\_\_\_\_

- Electronic Bank Transfer (\$ \_\_\_\_\_ per week / month for \_\_\_\_\_ weeks / months)

Bank Name: \_\_\_\_\_ Gift start date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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*making a difference today in how we see tomorrow*

**A little vision goes a long way towards sight. Thank you for your vision and your support!**

Your funds provide for those in need:

**\$50:** One month of dry eye medication

**\$100:** One complete routine eye exam

**\$300:** Glaucoma testing for both eyes

**\$500:** One pair of bi-focal prescription glasses

**\$750:** Cataract evaluation (both eyes); glaucoma surgery (one eye)

**\$1,000:** One scholarship for a vision research presentation

**\$2,500:** Lucentis Treatment for Macular Degeneration for one eye

**\$5,000:** One week of vision surgeries in an underserved country

**\$10,000:** Glaucoma screening for 25 at a local community center

**\$20,000:** Cutting edge research on Macular Degeneration

**Priceless: *Clear lifelong vision***