



Memorial and Honor Card Donation Form

Benefiting the College of Optometrists in Vision Development

My total gift of: \$ _____ (minimum of \$20 per individual you wish to honor or remember)

Please make checks payable to the **College of Optometrists in Vision Development** or provide credit card information:

Credit Card # _____ Expiration Date _____
(MasterCard, Visa, American Express, Discover)

Name on Card: _____ 3 or 4 digit security code on card: _____

CC Billing Address: _____

Please designate my gift to:

- COVD President's Research Fund
- COVD Making Vision Therapy Visible Public Awareness Fund
- COVD Wold SAFE Fund

This gift is given by:

Name _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

If you wish to have an acknowledgement of your contribution sent, please *print* below the name and address of the person to receive a memorial/honor card, as well as the card you would like him/her to receive

Name of person remembered/honored: _____
(As you wish it to read)

Memorial or Honor (circle one)

Name and address for acknowledgment:

Thank you for your gift; your contributions will go to support COVD programs and services.

**Please return your completed form with your donation to:
College of Optometrists in Vision Development
215 West Garfield Rd., Suite 200
Aurora, OH 44202**

(330) 995-0718 • (888) 268-3770 • Fax (330) 995-0719

COVD is exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code and eligible to receive tax-deductible contributions.