

The Mission of the College of Optometrists in Vision Development is improving lives by advancing excellence in optometric vision therapy through education and board certification.

How your support can make a difference!

Please consider contributing to these valuable programs*



▶ **Making Vision Therapy Visible Fund**

(To support Public Awareness Campaign)

▶ **Wold SAFE Fund**

(To support student travel to attend the COVD Annual Meeting)

▶ **President's Research Fund**

(To support grants for developmental/ behavioral vision research)

*COVD is exempt from federal income tax under Section 501(c)3 of the Internal Revenue Code and eligible to receive tax-deductible donations. Since no goods and services were provided to you in return for your donation, the full amount is deductible for federal income tax purposes, subject to any limitations that might otherwise apply.

Thank you for your support!

Name _____

Address _____

City _____

State _____

Zip _____

Commitment

Making Vision Therapy Visible Fund

\$1000 \$500 \$250 \$_____Other

Wold SAFE Fund

\$1000 \$500 \$250 \$_____Other

President's Research Fund

\$1000 \$500 \$250 \$_____Other

Other

\$1000 \$500 \$250 \$_____Other

Check here if you want to charge your voluntary donation over several months
of months _____

Total donation

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Method of Payment

Check Enclosed

Credit Card

Please circle card type



Name as it appears on card

Billing Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Card Number

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------

Expiration

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Security Code