

Donation Form

If you would like to make a secure electronic donation, email lisa.lane@allina.com or print this form, complete and mail it with your contribution. For memorial, honorariums and special occasions – see the bottom of this form.

Please use my gift to support the EYE Community Initiative:

\$10,000 will provide one entire school with vision screening and complete follow-up treatment, helping to ensure that basic obstacles to success are removed.

\$5,000 will provide a minimum of one entire grade with vision screening and follow-up treatment, enabling them to clearly read the text on class handouts.

\$1,000 will provide one entire classroom with vision screening and follow-up treatment, ensuring at-risk youth will see the books they are reading clearly.

\$500 will provide 20 new pairs of eyeglasses to help Minnesota children see the blackboard this school year.

\$100 will provide 4 children with complete vision screening and treatment.

I'm interested in learning how I can volunteer and be part of the EYE Community Initiative.
Contact me at: _____

I want to help our community:

Enclosed is my gift of \$_____ (payable to Phillips Eye Institute Foundation)

Please charge my gift: Visa MasterCard

Account# _____ Expires _____ Signature _____

My employer provides matching funds. Employer: _____

Donor information:

Name _____ (as it will appear for recognition)

Address _____

City _____

State: _____ Zip _____

Telephone: (____) _____

Please omit my name from your annual report.

Memorial and honorariums:

Please notify the following person(s) of this gift:

In memory of Name _____

In honor of Address _____

City _____ State _____ Zip _____

A letter acknowledging your gift (without indicating amount) will be sent to the person(s) that you wish notified. Please mail donations to:

Phillips Eye Institute Foundation
2215 Park Avenue, Suite 202
Minneapolis, MN 55404
For assistance call 612-775-8758