

**ARVO Foundation Legacy Society**  
*Letter of Intent*

With this letter of intent, I am expressing my desire to help ensure that the ARVO Foundation has resources available to help eye researchers save sight for generations to come.

It is my/our intent to leave a legacy gift to the ARVO Foundation through my/our:

- |   |  |
|---|--|
| <input type="checkbox"/> Will                   | <input type="checkbox"/> Real estate, securities or other property |
| <input type="checkbox"/> Living Trust           | <input type="checkbox"/> Charitable Remainder Trust                |
| <input type="checkbox"/> Retirement Plan Assets | <input type="checkbox"/> Charitable Gift Annuity                   |
| <input type="checkbox"/> Life Insurance Policy  | <input type="checkbox"/> Other _____                               |

**Recognition**

- To honor my commitment and to inspire others to participate, I give permission to the ARVO Foundation to list me/us as a member of the Legacy Society.
- I would like to remain anonymous.

*Optional:* Approximate value of my/our gift is \$\_\_\_\_\_ or \_\_\_\_% of my/our estate.

**Intent**

I/We understand that this Letter of Intent represents my/our desire to take part in the ARVO Foundation's planned giving program. It does not represent a legal obligation and may be changed at any time.

Donor Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Donor Information**

---

Name	Name as you wish it to appear in donor listings (if different)			
Street address	City	State/Province	Postal code	Country
Email	Phone			

**Questions?**

Please contact Amanda Johnson, Assistant Director, at 240-221-2950 or [ajohnson@arvo.org](mailto:ajohnson@arvo.org).