

MAKE AN IMPACT

Donation Form

Your donation supports the next generation of optics and photonics and is matched 100% by Optica with a gift to the annual fund—doubling your impact.

Name _____ Member ID # (if applicable) _____

Address Line 1 _____ Address Line 2 _____

City _____ State/Province _____ Postal Code _____ Country _____

Email Address _____ Phone Number _____

Recognize me as _____ or I would like my gift to be anonymous

Enclosed is my gift of:

\$5,000 \$2,500 \$1,000 \$500 \$100 \$50 \$25 Other _____

My gift is in honor of _____

My donation will fund: Fund Name _____ or Annual Fund

Please contact me about:

Planned giving and including the foundation in my will or estate planning

Contributing stocks or securities

I would to contribute by:

Check enclosed (payable to: Optica Foundation)

Donation by Credit Card

Credit Card Number _____ Exp Date _____

Signature _____ Date _____

US Tax ID (EIN): 71-0913500

Contributions to the Optica Foundation, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, are deductible as provided by law. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES (800-435-7352). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION.