



CLARENCE BOYD JONES SOCIETY MEMBERSHIP FORM

I/We have made a future gift to ensure Hadley's mission of creating personalized learning opportunities that empower people with vision loss or blindness to thrive – at home, at work and in their communities.

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE(S) _____

EMAIL _____

GIFT INFORMATION

I/We have made a gift to Hadley Institute for the Blind and Visually Impaired through a:

- Will/Trust
- IRA
- Life Insurance Policy
- Charitable Remainder Trust
- Charitable Gift Annuity
- Pension/Retirement Plan
- Other _____

The approximate current value of the gift is \$_____ (optional)

(All information provided to Hadley regarding the type and level of gift is helpful for future planning and will be kept confidential.)

RECOGNITION

I/We would like to be recognized in Hadley publications as follows (please print name(s) as you would like them to appear):

NAME _____

NAME _____

I/We wish to remain anonymous

SIGNATURE OF DONOR _____ DATE _____

SIGNATURE OF DONOR _____ DATE _____