



The 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 through a:

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

Legal designation for a will or trust:
I give (X dollars or X percent or all of the residue of my estate) to Hadley Institute for the Blind and Visually Impaired, an Illinois Nonprofit Corporation with headquarters located at 700 Elm Street, Winnetka, IL 60093.
Tax Identification Number: 36-2183809

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