



The Clarence Boyd Jones Society Membership Form

I/We have made a future gift to ensure Hadley's mission of providing both practical and social/emotional help to older adults adjusting to vision loss, empowering them to adapt and thrive.

NAME: _____ BIRTHDATE: _____

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE(S): _____

EMAIL(S): _____

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: _____

Please contact Megan Roche at **Megan.Roche@HadleyHelps.org** or 847.784.2874 if you have any questions.

Please return this form to Megan Roche at **Megan.Roche@HadleyHelps.org** or at the address below.

Hadley • 700 Elm Street • Winnetka, IL 60093
800.323.4238 • **HadleyHelps.org**