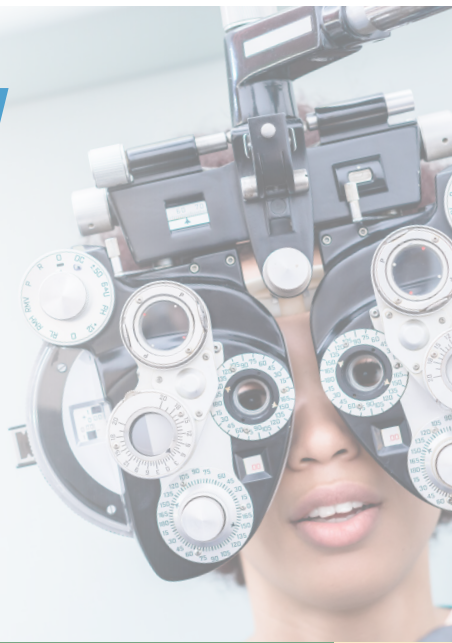


How to help us.



"If you go the distance and commit to this being your future career, there is financial support. Ophthalmologists, clinics and other resources are available to help you achieve the goal."
- April S.

Our story.

IJCAHPO's mission is to promote global eye health and prevent blindness through training program accreditation, education and the certification of Allied Ophthalmic Personnel (AOP).

The JCAHPO Foundation expands the capacity of IJCAHPO through grants and private donations to provide financial aid for technicians, certification standards and development of curriculum.

Your contribution makes an impact on AOP by providing financial assistance to obtain high quality education and skills that technicians need when assisting in caring for patients. Together, we can promote global eye health and prevent blindness.

IJCAHPO Education and Research Foundation, Inc. is a 501(c)(3) not-for-profit organization based in St. Paul, Minnesota.

Our work.

Scholarships and Grants

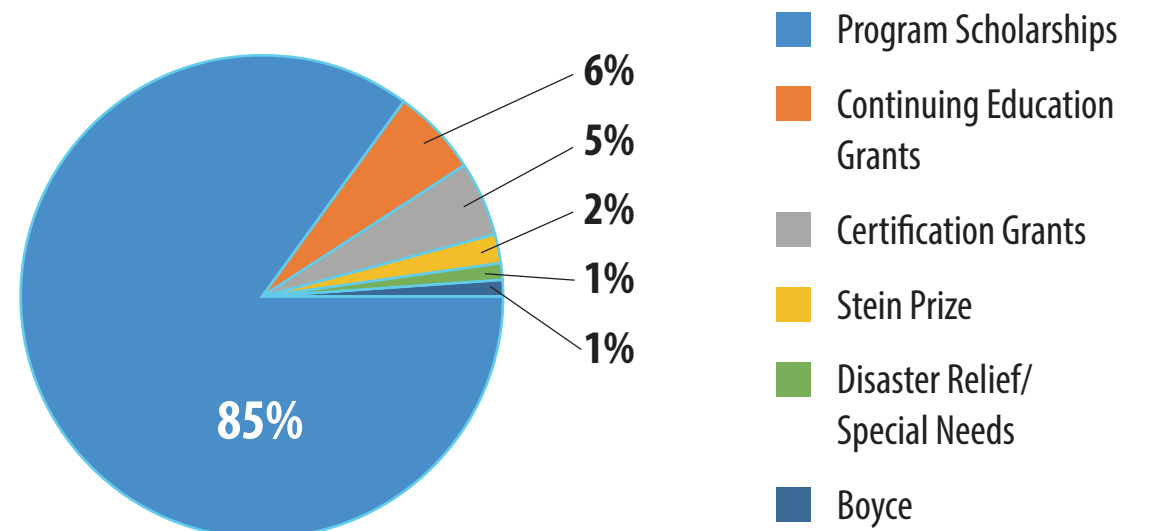
The Foundation provides scholarships to cover certification exams for students in ophthalmic training programs, grants for AOP to advance their level of certification, and grants for AOP to attend continuing education programs. Guidelines and applications for scholarships and grants are available at www.jcahpo.org/foundation.

Special JCAHPO Projects

- Computerized testing
- New certifications
- Online education
- CE programs
- International training programs & curriculum
- Career development and recruitment

Your contributions at work since 1991!

Over 10,000 grants and scholarships totaling more than \$1 million dollars



The Demand for Patient Care

The number of individuals over the age of 65 is expected to increase by nearly 20% in the next several decades. In spite of this projected growth, the number of ophthalmologists and Allied Ophthalmic Personnel (AOP) is not expected to increase at this same fast pace.

More than 11 million Americans today suffer from serious eye problems that cannot be improved by eye glasses or contacts, including:

- Cataracts
- Diabetic retinopathy
- Glaucoma
- Retinal, corneal, & congenital diseases

The Need for AOP

Ophthalmologists increasingly rely on the skilled labor of certified AOP, freeing time for important patient diagnosis and treatment.

The contributions of highly skilled, certified AOP enable ophthalmologists and clinics to function more efficiently. They are an important part of a successful eye care team.

Advantages of Certified AOP

Four out of five ophthalmologists believe that certified AOP make their practice more efficient through:

- Triage screening
- Troubleshooting
- Increased number of patients seen per hour
- Effective patient flow
- Increased doctor productivity

Annual Gift Recognition

Corporations • Foundations

Diamond	\$20,000+
Platinum	\$10,000-\$19,999
Gold	\$5,000-\$9,999
Silver	\$1,500-\$4,999
Bronze	\$500-\$1,499

Individuals • Societies

Chairman's Award*	\$10,000+
President's Circle*	\$5,000-\$9,999
Director's Circle*	\$1,000-\$4,999
Fellow*	\$500-\$999
Sustaining	\$100-\$499
Friend	\$5-\$99

**Visionary Society designation accorded to individuals contributing \$500 or more annually.*

Cumulative Gift Recognition (total contributions since 1990)

Hall of Fame	\$200,000+
Leader	\$100,000-\$199,999
Partner	\$50,000-\$99,999
Benefactor	\$25,000-\$49,999
Patron	\$20,000-\$24,999
Torchbearer*	\$15,000-\$19,999
Pace Setter*	\$10,000-\$14,999
Pioneer*	\$5,000-\$9,999

**Individuals and Societies only*

Your gift to the JCAHPO Education and Research Foundation is greatly appreciated. Through generous support from individuals such as you, advances continue to be made in the field of eye care, and talented professionals receive the training they need to deliver this care to people across the globe.

Thank you!



JCAHPO Education and Research Foundation, Inc.
2025 Woodlane Drive
St. Paul, Minnesota 55125-2998
651-731-2944 800-284-3937
E-mail: foundation@jcahpo.org

Commitment to the Future of Preventing Blindness!



follow us on



www.facebook.com/JCAHPO-Education-and-Research-Foundation-411033532318364/



www.linkedin.com/showcase/jcahpo-education-and-research-foundation



www.jcahpo.org/foundation

Our mission needs you!



**Education and Research
Foundation, Inc.**

Education and Research for Eye Care Excellence

Donation Options

- ☐ **Check** (made payable to the JCAHPO Education and Research Foundation, Inc.)
- ☐ **VISA/MASTERCARD** ☐ **DISCOVER** ☐ **AMEX**

Credit Card Number

/

Expiration Date

Security Code (CVS)

Cardholder's Signature

Name (please print)

Address

City

State

Zip

() - Home Telephone

() - Business Telephone

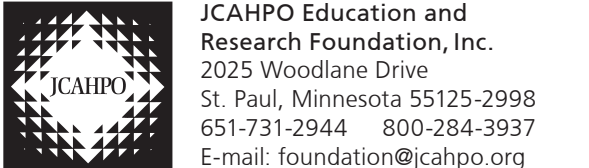
E-mail Address

☐ Please check here if you **do not** wish to have your name published on the contributor list.

Donate Online
store.jcahpo.org/Donation.aspx

Mail form and donation
JCAHPO, 2025 Woodlane Drive,
St. Paul, MN 55125-2998

Fax completed form
651-731-0410 (credit card donations only)



Donation Options

- ☐ **Check** (made payable to the JCAHPO Education and Research Foundation, Inc.)
- ☐ **VISA/MASTERCARD** ☐ **DISCOVER** ☐ **AMEX**

Credit Card Number

/

Expiration Date

Security Code (CVS)

Cardholder's Signature

Name (please print)

Address

City

State

Zip

() - Home Telephone

() - Business Telephone

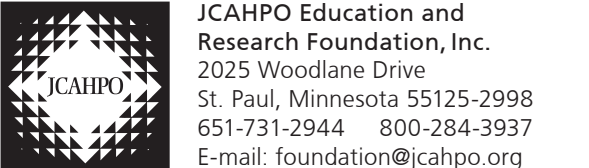
E-mail Address

☐ Please check here if you **do not** wish to have your name published on the contributor list.

Donate Online
store.jcahpo.org/Donation.aspx

Mail form and donation
JCAHPO, 2025 Woodlane Drive,
St. Paul, MN 55125-2998

Fax completed form
651-731-0410 (credit card donations only)



Donation Options

- ☐ **Check** (made payable to the JCAHPO Education and Research Foundation, Inc.)
- ☐ **VISA/MASTERCARD** ☐ **DISCOVER** ☐ **AMEX**

Credit Card Number

/

Expiration Date

Security Code (CVS)

Cardholder's Signature

Name (please print)

Address

City

State

Zip

() - Home Telephone

() - Business Telephone

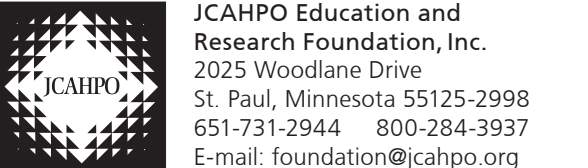
E-mail Address

☐ Please check here if you **do not** wish to have your name published on the contributor list.

Donate Online
store.jcahpo.org/Donation.aspx

Mail form and donation
JCAHPO, 2025 Woodlane Drive,
St. Paul, MN 55125-2998

Fax completed form
651-731-0410 (credit card donations only)



Donation Options

- ☐ **Check** (made payable to the JCAHPO Education and Research Foundation, Inc.)
- ☐ **VISA/MASTERCARD** ☐ **DISCOVER** ☐ **AMEX**

Credit Card Number

/

Expiration Date

Security Code (CVS)

Cardholder's Signature

Name (please print)

Address

City

State

Zip

() - Home Telephone

() - Business Telephone

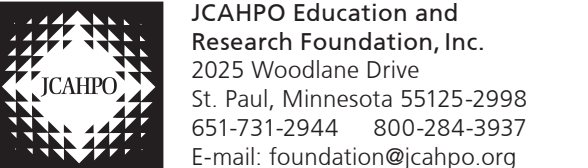
E-mail Address

☐ Please check here if you **do not** wish to have your name published on the contributor list.

Donate Online
store.jcahpo.org/Donation.aspx

Mail form and donation
JCAHPO, 2025 Woodlane Drive,
St. Paul, MN 55125-2998

Fax completed form
651-731-0410 (credit card donations only)



JCAHPO Donation Form

☐ **Yes!** Please acknowledge my tax-deductible gift to the JCAHPO Education and Research Foundation, Inc.

Visionary Society: ☐ \$500 ☐ \$700 ☐ \$1,000+

Contribution Amount: ☐ \$50 ☐ \$100 ☐ Other \$_____

Pledge Amount: \$_____

Enclosed: \$_____

Balance: \$_____

Balance to be paid: \$_____

☐ bi-annually ☐ quarterly ☐ monthly ☐ bi-monthly
**Gifts over \$300 may be pledged over a three-year period.*

☐ Deduct my pledge from my credit card automatically, as indicated above, until I notify to discontinue.

Please apply my donation to (check one):

☐ General Fund

- Scholarships and Grants
- ☐ Training Program
 - ☐ Continuing Education
 - ☐ Certification

Designated to a specified fund as indicated below

- ☐ Budd Appleton, MD, Memorial Scholarship Fund
- ☐ Virginia S. Boyce Endowment Fund
- ☐ Tyree Carr, MD, Scholarship Fund
- ☐ Barbara Cassin Memorial Fund
- ☐ Charles Douglas Memorial Scholarship Fund
- ☐ Peter Y. Evans, MD, Scholarship Fund
- ☐ Marina V. (Evans) Armstrong Fund
- ☐ Alice O. Gelinass Endowment Fund
- ☐ Arthur H. Keeney, MD, Memorial Fund
- ☐ Harold A. Stein, MD, Endowment Fund
- ☐ Phil H. Weber Memorial Scholarship Fund
- ☐ Jennie B. Busch Scholarship Fund
- ☐ Past Presidents’ Emergency Fund
- ☐ World Vision Fund

☐ Please send me information on how I may reduce my estate taxes through a permanent Legacy Gift to the JCAHPO Education and Research Foundation, Inc.

JCAHPO Donation Form

☐ **Yes!** Please acknowledge my tax-deductible gift to the JCAHPO Education and Research Foundation, Inc.

Visionary Society: ☐ \$500 ☐ \$700 ☐ \$1,000+

Contribution Amount: ☐ \$50 ☐ \$100 ☐ Other \$_____

Pledge Amount: \$_____

Enclosed: \$_____

Balance: \$_____

Balance to be paid: \$_____

☐ bi-annually ☐ quarterly ☐ monthly ☐ bi-monthly
**Gifts over \$300 may be pledged over a three-year period.*

☐ Deduct my pledge from my credit card automatically, as indicated above, until I notify to discontinue.

Please apply my donation to (check one):

☐ General Fund

- Scholarships and Grants
- ☐ Training Program
 - ☐ Continuing Education
 - ☐ Certification

Designated to a specified fund as indicated below

- ☐ Budd Appleton, MD, Memorial Scholarship Fund
- ☐ Virginia S. Boyce Endowment Fund
- ☐ Tyree Carr, MD, Scholarship Fund
- ☐ Barbara Cassin Memorial Fund
- ☐ Charles Douglas Memorial Scholarship Fund
- ☐ Peter Y. Evans, MD, Scholarship Fund
- ☐ Marina V. (Evans) Armstrong Fund
- ☐ Alice O. Gelinass Endowment Fund
- ☐ Arthur H. Keeney, MD, Memorial Fund
- ☐ Harold A. Stein, MD, Endowment Fund
- ☐ Phil H. Weber Memorial Scholarship Fund
- ☐ Jennie B. Busch Scholarship Fund
- ☐ Past Presidents’ Emergency Fund
- ☐ World Vision Fund

☐ Please send me information on how I may reduce my estate taxes through a permanent Legacy Gift to the JCAHPO Education and Research Foundation, Inc.

JCAHPO Donation Form

☐ **Yes!** Please acknowledge my tax-deductible gift to the JCAHPO Education and Research Foundation, Inc.

Visionary Society: ☐ \$500 ☐ \$700 ☐ \$1,000+

Contribution Amount: ☐ \$50 ☐ \$100 ☐ Other \$_____

Pledge Amount: \$_____

Enclosed: \$_____

Balance: \$_____

Balance to be paid: \$_____

☐ bi-annually ☐ quarterly ☐ monthly ☐ bi-monthly
**Gifts over \$300 may be pledged over a three-year period.*

☐ Deduct my pledge from my credit card automatically, as indicated above, until I notify to discontinue.

Please apply my donation to (check one):

☐ General Fund

- Scholarships and Grants
- ☐ Training Program
 - ☐ Continuing Education
 - ☐ Certification

Designated to a specified fund as indicated below

- ☐ Budd Appleton, MD, Memorial Scholarship Fund
- ☐ Virginia S. Boyce Endowment Fund
- ☐ Tyree Carr, MD, Scholarship Fund
- ☐ Barbara Cassin Memorial Fund
- ☐ Charles Douglas Memorial Scholarship Fund
- ☐ Peter Y. Evans, MD, Scholarship Fund
- ☐ Marina V. (Evans) Armstrong Fund
- ☐ Alice O. Gelinass Endowment Fund
- ☐ Arthur H. Keeney, MD, Memorial Fund
- ☐ Harold A. Stein, MD, Endowment Fund
- ☐ Phil H. Weber Memorial Scholarship Fund
- ☐ Jennie B. Busch Scholarship Fund
- ☐ Past Presidents’ Emergency Fund
- ☐ World Vision Fund

☐ Please send me information on how I may reduce my estate taxes through a permanent Legacy Gift to the JCAHPO Education and Research Foundation, Inc.

JCAHPO Donation Form

☐ **Yes!** Please acknowledge my tax-deductible gift to the JCAHPO Education and Research Foundation, Inc.

Visionary Society: ☐ \$500 ☐ \$700 ☐ \$1,000+

Contribution Amount: ☐ \$50 ☐ \$100 ☐ Other \$_____

Pledge Amount: \$_____

Enclosed: \$_____

Balance: \$_____

Balance to be paid: \$_____

☐ bi-annually ☐ quarterly ☐ monthly ☐ bi-monthly
**Gifts over \$300 may be pledged over a three-year period.*

☐ Deduct my pledge from my credit card automatically, as indicated above, until I notify to discontinue.

Please apply my donation to (check one):

☐ General Fund

- Scholarships and Grants
- ☐ Training Program
 - ☐ Continuing Education
 - ☐ Certification

Designated to a specified fund as indicated below

- ☐ Budd Appleton, MD, Memorial Scholarship Fund
- ☐ Virginia S. Boyce Endowment Fund
- ☐ Tyree Carr, MD, Scholarship Fund
- ☐ Barbara Cassin Memorial Fund
- ☐ Charles Douglas Memorial Scholarship Fund
- ☐ Peter Y. Evans, MD, Scholarship Fund
- ☐ Marina V. (Evans) Armstrong Fund
- ☐ Alice O. Gelinass Endowment Fund
- ☐ Arthur H. Keeney, MD, Memorial Fund
- ☐ Harold A. Stein, MD, Endowment Fund
- ☐ Phil H. Weber Memorial Scholarship Fund
- ☐ Jennie B. Busch Scholarship Fund
- ☐ Past Presidents’ Emergency Fund
- ☐ World Vision Fund

☐ Please send me information on how I may reduce my estate taxes through a permanent Legacy Gift to the JCAHPO Education and Research Foundation, Inc.