

# AMERICAN OPTOMETRIC FOUNDATION

RESEARCH • EDUCATION • PROFESSIONAL ADVANCEMENT

# Pledge Form

name:

---

address:

---

---

pledge amount:

---

pledge date:

---

payment terms:

---

restrictions:

---

purpose\*:

- % Merton Flom Ezell Fund
- % Optometric Glaucoma Society Ezell Fund
- % Section on Cornea and Contact Lenses Ezell Fund
- % Ezell Fellowship Fund
- % Unrestricted

\*Please limit to one or two purposes/funds.

Signature of  
Pledge Contributor

---

Date

---