

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

_____ % Douglas Hopkins Primary Care Fellowship Fund

_____ % Unrestricted

*Please limit to one or two purposes/funds.

Signature of
Pledge Contributor _____

Date _____

Gift/Pledge Payment options:

Attach check for initial payment

Please charge credit card:

Visa MC AmEx Discover

card # _____ exp date _____

To arrange for automatic withdrawal from your checking account,
please contact the Foundation Office.