

AMERICAN OPTOMETRIC FOUNDATION

Advancing Optometry's Future

PLEDGE FORM

Name: _____

Address: _____

Total pledge amount: _____

Pledge date: _____

Payment terms: \$ _____ / year quarterly monthly

Please specify above the installment amount (\$) and frequency (check box) that you would like to fulfill your total pledge amount.

Purpose*: _____ % Dry Eye Fund
_____ % Joseph T. Barr Fund
_____ % BVP Ezell Fellowship Fund
_____ % Ezell Fellowship Fund
_____ % Alfred A. Rosenbloom Fund
_____ % Bert C. & Lydia M. Corwin Fund
_____ % Unrestricted/Other

To view a complete list of all funds administered by the AOF visit our website at www.aaopt.org/aof/donate

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

Signature of Pledge Contributor _____

Date _____

Gift/Pledge Payment options:

Attach check for initial payment

If you would like to make a credit card payment, please use the credit card authorization form that can be found on the website at www.aaopt.org/aof/donate

Contact the AOF office to make your payment over the phone

American Optometric Foundation
2909 Fairgreen Street Orlando, FL 32803
Phone: 321-319-4870 Fax: 407-893-9890