

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*: _____ % Unrestricted
_____ % Joseph T. Barr Fund
_____ % Korb-Exford Dry Eye Career Development Fund
_____ % Ezell Fellowship Fund
_____ % BVP Ezell Fellowship Fund
_____ % Bert C. & Lydia M. Corwin Fund
_____ % Other _____

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

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 our website at
- Contact the AOF office to make your payment over the phone

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