

The 1896 Legacy Society - Planned Gift Intention

Thank you for including the Academy in your bequest plans. Your legacy gift is a commitment to the our shared mission to protect sight and empower lives through educational, quality of care and service programs.

This form is for informational purposes only and is in no way binding on you or your estate. Any information you share will be kept in the strictest of confidence unless you direct otherwise.

□ YES, I have included the Academy and/or the Foundation in my estate plan in the following manner:					
 Bequest in Will or Trust Beneficiary of Insurance Policy Other 	□ Remainder B	ry of Retirement Plan Assets er Beneficiary of Charitable Trust or Gift Annuity			
Name (print clearly):				_	_
Address:					_
City		S	tate 2	Zip	-
Phone:	E-mail:				_
Approximate value of gift (optional): _					_
I would like my bequest gift to be designated to the following area(s):					
	□ EyeCare America® □ Other				
\Box The Museum of the Eye [®]	Other			-	
Please list my/our name(s) on recognition materials as follows:					
□ I would like my gift to be anonymous					
Print Name		Print Nam	e		
Signature	Date	Signature			Date

The 1896 Legacy Society

In recognition of your generosity and bequest intention, you are invited to become an esteemed member of The 1896 Legacy Society. Members are recognized in various ways including:

- Invitation to the Foundation's annual donor reception and other special events
- Yearly acknowledgement in the Foundation's annual report, on the Foundation website and on the donor wall at the annual meeting
- Personalized support and guidance from Foundation staff

If you have questions or need assistance, contact Todd Lyckberg at 415.447.0361 or tlyckberg@aao.org.

Please return form to: AAO Foundation, 655 Beach St., San Francisco, CA, 94109.