



**Partners for Sight**  
Pledge Confirmation

**YES! I would like to make a \$5,000 pledge and become a Partners for Sight donor.**

Five-year commitment payable in annual installments of \$1,000. Enclosed is my first payment.

Enclosed is my gift of: \$\_\_\_\_\_

**My gift will be used Where Needed Most unless otherwise specified:**

- Ophthalmic Education/The ONE® Network
- H. Dunbar Hoskins Jr., MD, Center for Quality Eye Care
- Robert A. Copeland Jr., MD, Advocacy Education Fund
- Global Outreach
- EyeCare America®
- Museum of Vision

Name(s) as you wish it to appear in donor listings:

\_\_\_\_\_

**This is a tribute gift:**

In Memory of  In Honor of

\_\_\_\_\_

Name

Name and address of the person we should notify of your tribute gift:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Questions? Please contact:**

Todd Lyckberg  
Phone: 415.447.0361  
Fax: 415.561.8567  
Email: tlyckberg@aao.org

**Mail completed form to:**

American Academy of Ophthalmology Foundation  
655 Beach St.  
San Francisco, CA 94109-1336

**Payment Options**

Check Enclosed  
(payable to FAAO)

**Credit Card**

- Visa  MasterCard
- American Express  Discover

\_\_\_\_\_  
Name as It Appears on Card

\_\_\_\_\_  
Card Number Exp. Date

\_\_\_\_\_  
Authorized Signature (Required)

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City State Zip Code

**Your contribution is tax-deductible as provided by law.**

**Estate and Planned Giving**

- I am interested in learning more about charitable estate and gift planning.
- FAAO is included in my will, trust or other estate plan.
- I would consider including FAAO in my will, trust or other estate plan.