



**YES, I would like to support the
Museum of the Eye Campaign!**

YES, I want to make a pledge of:

\$ _____

over _____ years. (maximum 5 years)

My first payment of \$_____ is ENCLOSED.

**The balance of my pledge will be paid annually
for a total of _____ payments (maximum 5).**

Name (please print)

Address

City State Zip

Phone Home Office

Email Home Office

Signature Confirmation

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

I prefer to remain anonymous

This gift is made:

In Memory of In Honor of

Name (please print)

Please print below the name and address of the
person you wish to receive notification of your gift:

Payment Options

Check Enclosed
(please make check payable to 'FAAO')

Credit Card

Visa MasterCard
 American Express Discover

Name (as it appears on card)

Account Number Expiration Date

Authorized Signature (Required) Date

Cardholder's Address

Cardholder's City, State, Zip

Your contribution is tax-deductible as provided by law.

Charitable Estate and Gift Planning

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

Gift of Security: If you are planning to make a gift of securities, please contact Todd Lyckberg at 415.447.0361 or by email at tlyckberg@aao.org, for more information.

Please mail completed form to:

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

Questions? Please contact:

Todd Lyckberg
Director of Development
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tlyckberg@aao.org

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