

AMERICAN OPTOMETRIC FOUNDATION

RESEARCH • EDUCATION • PROFESSIONAL ADVANCEMENT

Pledge Form

name:

address:

pledge amount:

pledge date:

payment terms:

restrictions:

purpose*:

- % Merton Flom Ezell Fund
- % Optometric Glaucoma Society Ezell Fund
- % Section on Cornea and Contact Lenses Ezell Fund
- % Ezell Fellowship Fund
- % Unrestricted

*Please limit to one or two purposes/funds.

Signature of
Pledge Contributor

Date
