

BEAUTY OF SIGHT FOUNDATION PLEDGE FORM

NAME/ORGANIZATION: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

**YES! I PLEDGE TO SUPPORT THE BEAUTY OF SIGHT FOUNDATION WITH
A GIFT OF \$_____ TO BUILD THE NEW BEAUTY OF SIGHT FACILITY.**

My check for the full amount is enclosed.

I prefer to give in installments of \$_____, paid each:
month quarter year, over the next year(s), beginning _____(date) and ending on
_____(date) (We will send reminders for your convenience.)

Credit Card: Visa MasterCard Discover

Card Number: _____ Exp. Date: _____

Name as it appears on card: _____ CID Code (on back of card) _____

This pledge is to be paid in the form of: () Cash; () Materials for Construction
() Stocks or Bonds; () Other (Specify) _____

Mail checks to: Beauty of Sight, 1951 NW 7th Ave, Suite 160 -PMB 358, Miami FL 33136

Please contact me to discuss a legacy gift for research!

By signing this agreement:

I acknowledge that this pledge constitutes a legal and moral obligation to pay the amounts stated and that the Beauty of Sight Foundation is acting and will act in specific reliance upon this pledge commitment.

Donor's Signature(s): _____ Date of Pledge: _____

Beauty of Sight Foundation Representative: _____

THANK YOU

for helping us to give the gift of sight to others!



**BEAUTY OF
SIGHT**
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