



Pledge Form

PERSONAL INFORMATION

Name of Donor(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email address: _____

Name(s) as you wish to be listed (if different than above): _____

☐ Please keep this gift/pledge **ANONYMOUS**. I understand that my name will not be listed in any publications or donor recognitions for this campaign.

GIFT/PLEDGE INFORMATION

I/We wish to pledge a gift of \$_____ to the Victory for Vision Campaign.

PLEDGE PAYMENT INFORMATION:

Payments may be made over 5 years. Please indicate your choice below.

I/We will give \$_____ a year for _____ years

Pledge payments will begin (month/year) ____/____/____ and will be paid:

☐ monthly ☐ quarterly ☐ annually

Please send reminders: ☐ monthly ☐ quarterly ☐ annually ☐ no reminders

☐ Credit card Number: _____

Expiration Date: ____/____/____ CVC Code: _____

Signature: _____



☐ **Cash or Check** \$_____ is enclosed.

Please check payable to Foundation Fighting Blindness.

☐ **Stock – Approximate value:** \$_____

Please contact the Development Office to obtain further instructions on transferring gifts of stock.

☐ **Matching Gift** \$_____ (Company/Foundation) will match my/our gift.

☐ Matching gift form enclosed

☐ Matching gift form will be sent

☐ **Donor Advised Fund Intent to Recommend:** I/We intend to recommend a grant from the _____ (name of fund) to the Victory for Vision Campaign:

☐ A single gift of \$_____ ☐ Multiple gifts, totaling \$_____

Grant recommendations must be accepted and approved by _____ (name of fund.)

My/our expression of intent is not intended to create a legally enforceable obligation.

Legacy Pledge

☐ I/We have already included the Foundation in my/our estate plans.

(Please check all that apply):

☐ Bequest (will or trust)

☐ Retirement Plan

☐ Charitable Gift Annuity

☐ Life Insurance

☐ Donor-Advised Fund

☐ Other:

Estimated Gift Value: \$_____ (optional)

A copy of the relevant portion of the legal document in which your gift is described would be helpful but is not required.

☐ I/we would like more information about including the Foundation in my estate plans.

Legacy Society for Cures Recognition: ☐ List name(s) as noted above

☐ I/we prefer to remain anonymous

DONOR SIGNATURE:

I/we make this commitment with every intention of fulfilling it, but with the understanding it is not legally binding.

If circumstances arise that would make the ultimate fulfillment of this gift impossible, I/we will notify the Foundation.

Signature: _____ Date: _____

Thank you for your support of the Foundation Fighting Blindness. Together we are winning.

Please return this form to: Judy Taylor, Vice President, Development
Foundation Fighting Blindness • 6925 Oakland Mills Rd. • #701 • Columbia, Maryland 21045
Phone: 410-423-0592 Email: jtaylor@fightingblindness.org