

OUR MISSION: Excellent eye care for all regardless of ability to pay

We at Pacific Vision Foundation are grateful for your partnership and commitment to our future. We want to make sure our records accurately represent your intentions and appreciate any information you are comfortable sharing with us. This form is revocable and nonbinding, as we understand that your plans may change for a variety of reasons.

Donor(s) Information

Name(s) (please print).

Address

City, State, Zip Code

Phone Number

Email Address

Date Of Birth(s)

Estate Planner/Attorney

Gift Information

Pacific Vision Foundation is a beneficiary of my/our:

Will Living Trust Retirement Plan Assets Life Insurance Policy Charitable Trust

Other: _____

If your gift is through a retirement plan or life insurance policy, the following will help us actually receive what you intend to give: a) name of company or plan administrator, b) contact information and policy number. Additionally, including a copy of the "designation of beneficiary form" you sent to your plan administrator would be very helpful.

For Pacific Vision Foundation's long-term planning purposes only, as of this date, the value of my/our gift is \$ _____

(Disclosure of this amount is greatly appreciated, but not required.)

Gift Designation

It is my/our intention that this gift be used to support:

The area of greatest need

Other: _____

In honor of _____ In memory of _____

Gift Acknowledgement

To encourage others to leave a future gift to Pacific Vision Foundation, you may publish my/our name in PVF publications

Please list me/us as follows: _____

Please do not list my/our name(s). The commitment should appear "Anonymous."

Donor Signature

Print Name

Date

Donor Signature

Print Name

Date

Please send this form to:

Pacific Vision Foundation | 711 Van Ness Avenue, Suite 260 | San Francisco, CA 94102

or

philanthropy@pacificvisionfoundation.org