



**Lions Eye Foundation
of California-Nevada, Inc.**
P.O. Box 7999
San Francisco, CA 94115
(415) 600-3950

Preserving and Restoring the Gift of Sight

CAPITAL CAMPAIGN GIFT PLEDGE

This GIFT PLEDGE is entered into between (Please print full name/names) _____
[Donor(s)] and the Lions Eye Foundation of California-Nevada, Inc. [LEF].

The Donor(s) make a pledge to LEF in the total amount of (Please print total pledge amount) \$ _____*
as described more fully below. LEF desires to accept this gift under the terms described below.

Donor(s) will make the first payment on _____
Month / Day/ Year

In consideration of the mutual commitments contained herein, the Donor(s) and LEF agree as follows:

1. The Donor(s) will make equal payments to the LEF Capital Campaign over.....
 1 year 2 years 3 years 4 years 5 years (Please check appropriate box)
Donor(s) will receive an annual reminder on anniversary of first payment
2. The purpose of this gift is to support the LEF Capital Campaign.
3. In recognition of the generosity of Donor(s), upon completion of the pledge, Donor(s) will be recognized in accordance with the Policies of LEF. (See attached recognition table)

PLEASE MAKE ALL CHECKS PAYABLE TO THE LIONS EYE FOUNDATION

This agreement was executed by Donor(s) on (Please insert date) _____.

Donor(s): _____ **Lions Eye Foundation of California-Nevada, Inc.**

(signature or signatures)

(LEF representative)

(street address - please print)

(City, State - please print)

(email address - please print)

(phone number - please print including area code)

***Minimum pledge total is \$5,000**