

Annual Gift Recognition

Corporations • Foundations

Platinum	\$10,000+
Gold	\$5,000 - \$9,999
Silver	\$1,500 - \$4,999
Bronze	\$500 - \$1,499

Individuals • Societies

Chairman's Award*	\$10,000+
President's Circle*	\$5,000 - \$9,999
Director's Circle*	\$1,000 - \$4,999
Fellow*	\$500 - \$999
Sustaining	\$100 - \$499
Friend	\$5 - \$99

**Visionary Society designation accorded to individuals contributing \$500 or more annually.*

Cumulative Gift Recognition

(total contributions since 1990)

Hall of Fame	\$200,000+
Leader	\$100,000 - \$199,000
Partner	\$50,000 - \$99,999
Benefactor	\$25,000 - \$49,999
Patron	\$20,000 - \$24,999
Torchbearer*	\$15,000 - \$19,999
Pace Setter*	\$10,000 - \$14,999
Pioneer*	\$5,000 - \$9,999

**Individuals and Societies only*

- Please check here if you do not wish to have your name published on the contributor list.

JCAHPO
Education and Research Foundation
2025 Woodlane Drive
St. Paul, Minnesota 55125-2998

(651) 731-2944 (800) 284-3937
E-mail: jcahpo@jcahpo.org
www.jcahpo.org

*My
Commitment
to the*



EDUCATION
AND
RESEARCH
FOUNDATION

The mission of the JCAHPO
Education and Research Foundation
is to expand and strengthen
the delivery of eye care.



In consideration of the needs of the
JCAHPO
Education and Research Foundation,
I hereby agree to pledge a **total gift of:**

- \$100 \$300
 \$600 \$1,000

Other _____

INITIAL PAYMENT: \$ _____

BALANCE PLEDGED: \$ _____

TO BE PAID AS FOLLOWS:

(Gifts of \$300 or more may be pledged over three years.)

DATE	AMOUNT
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____



In consideration of the needs of the
JCAHPO Education and Research Foundation, I
hereby agree to a **recurring pledge** and agree to
have my credit card charged:

- monthly quarterly bi-monthly

in the amount of \$ _____ until such
time that I shall notify the Foundation to
discontinue these charges.

PLEASE ASSIGN MY GIFT(S) TO THE FOLLOWING:

- Budd Appleton, MD, Memorial Scholarship Fund
- Virginia S. Boyce Endowment Fund
- C. Douglas Memorial Scholarship Fund
- Peter Y. Evans, MD, Scholarship Fund
- Alice O. Gelinias Endowment Fund
- General Foundation Fund
- Arthur H. Keeney, MD, Memorial Fund
- Harold A. Stein, MD, Endowment Fund
- Phil Weber Memorial Scholarship Fund
- Disaster Relief Fund
- Other Scholarships (check one)
 - Program Continuing Education Certification

Signature

Date

FORM OF PAYMENT:

- CHECK (Please make checks payable to the
JCAHPO Education and Research Foundation.)
- VISA/MASTERCARD DISCOVER AMEX

Account # _____

Expiration Date ____/____/____ Security Code _____

Please charge my account as pledged herein.

Signature

Name (please print) _____	
Address _____	
City _____	
State _____	Zip _____
(____) ____ - _____	(____) ____ - _____
Home Telephone _____	Business Telephone _____

ALL CONTRIBUTIONS TO THE FOUNDATION ARE DEDUCTIBLE FOR FEDERAL
INCOME TAX PURPOSES TO THE MAXIMUM LEVEL PROVIDED BY LAW.

- Please send me information on how I can
provide a gift to the Foundation in my will.