

**Edie and Lew Wasserman Eye Research Center
Jules Stein Eye Institute, UCLA
Pledge Agreement**

To provide support for the new Edie and Lew Wasserman Eye Research Center at the Jules Stein Eye Institute, I/we intend to give the sum of \$_____.

I wish to make a pledge - paid over five years or less - with annual/bi-annual/quarterly (circle one) payments of \$_____, beginning _____(month/year), payable to **Jules Stein Eye Institute**.

My/Our signature below will confirm the donation amount and payment terms:

Donor Name(s) (Print):

Please list your name(s) as you would like to be recognized. If you would prefer to remain 'Anonymous,' please indicate below.

Address: _____

Signature: _____ **Date:** _____

Credit Card payments: Am Ex Visa MasterCard Discover

Card Number: _____ **Exp. Date:** _____

Our sincerest thanks for your generous commitment.

Please mail or fax back this form to:

*Jules Stein Eye Institute
Development Office
100 Stein Plaza, Suite 1-124
Los Angeles, California 90095-7000
Phone#: 310-206-9701
Fax #: 310-794-1665*

Thank you for your pledge of support to the Jules Stein Eye Institute, dedicated to the preservation of sight and prevention of blindness.