



GIFT CONFIRMATION FORM



Thank you for your decision to make a meaningful and lasting future planned gift with Operation Eyesight in your will or through your estate. Please complete the form below and formalize your legacy of generosity and compassion. Details of your plan will be kept confidential and will enable us to recognize your generosity in accordance with your needs and expectations. With this gift, you will join a network of global citizens who are helping transform lives through the precious gift of sight – *For All The World To See!*

PLEASE PROVIDE THE FOLLOWING INFORMATION

I/we are pleased to inform Operation Eyesight Universal that I/we have named the international development organization as a beneficiary of an estate gift. I/we confirm my/our legacy gift is: *(Please indicate which kind of gift by checking the box below.)*

To be directed to the following areas: Hospital Strengthening, Community Eye Health, Integrated Eye Health, Research & Advocacy, and Disease Control. *(Please provide details of your intent.)*

To be used for Operation Eyesight's greatest needs. This flexible funding option helps Operation Eyesight meet its highest priority needs, respond quickly to emerging opportunities, and invest in areas with significant potential.

I/we confirm the following gift in my/our will or estate:
(Please indicate which kind of gift by checking the box below.)

A bequest in my/our will. I/we estimate the value to be \$ _____
(optional and confidential).

Other _____

I/we estimate the value to be \$ _____ (optional and confidential).

Recognition of your Legacy Gift – Please indicate your preference.

I/we wish to be recognized as _____
Preferred Name(s)

I/we wish to remain anonymous, with no public recognition.

My/our special gift is in recognition of _____

I/we wish for the following person(s) to be notified of the impact of my/our gift:

Name _____ Relation _____

Address _____

Country _____ Postal/Zip Code _____

Email address _____

Phone Number _____

I/we understand that this statement of commitment is revocable and does not replace a will or other legal document.

Name (please print) *Signature* *Year of birth (optional)* *Date*

Address _____ City _____

Province/State _____ Country _____

Postal/Zip Code _____ Phone Number _____

Email address _____

Please return this completed form by mail or by email: **LinderM@operationeyesight.com.**

If you have any questions or wish to discuss your legacy gift, please contact Myrna Linder, Director of Fund Development, at the email address above or call us at **403-283-6323.**