

SUNY COLLEGE OF OPTOMETRY

LOCKER LEGACY PROGRAM PAYMENT FORM

Name _____

Class Year _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email Address _____

My Locker Legacy pledge (check one):

- Payment in full of \$1,000 now
- Payment of \$500 now (balance due within two years of first payment)*

My payment method (check one):

- Check:** Payable to the "Optometric Center of New York"
I have enclosed my check for \$ _____
- Credit Card:** Payable online at www.sunyopt.edu/giving/lockerlegacy

**Nameplate will not be installed until full payment is made.
All payments are regarded as non-refundable donations.*

PLEASE INDICATE THE TEXT, NUMBERS, SPACES AND PUNCTUATION THAT WILL APPEAR ON YOUR 6" X 2" NAMEPLATE. SECOND AND THIRD LINES ARE OPTIONAL.

A large, solid black rectangular area that serves as a template for engraving text. It is positioned centrally on the page, below the instructions and above the disclaimer. The rectangle is completely blank, indicating where the donor's name and other details should be placed.

All engraving entries are subject to the approval of the Office of Institutional Advancement. Locker Legacy donors who pay in full by June 30th will be recognized in the Annual State of the College report and will be invited to the President's Tribute Reception.