



Missouri Optometric Foundation, Inc.
c/o Daniel Obermark, Treasurer
P.O. Box 709 • Sikeston, MO 63801

Rex A. Newcomb, O.D. President
The Honorable Anne C. Ream, O.D. Vice President
Barbara W. Brown, O.D. Secretary ■ Daniel R. Obermark, O.D., Treasurer
Richard C. Wilson, O.D. Member-at-Large

Please complete the following and return with your check.
Persons other than optometrists may also hold life memberships (e.g., associate) and these life memberships may be made in honor of someone in your family or practice.

Name: _____
Address: _____
Street city state zip

Select one only from the category below. Please copy this page if you wish to become a member yourself, and wish to give a membership in honor or memory of someone else.

- \$500 \$50/year
- Active Life Member (optometrist) Active Annual Member (optometrist)
 Associate Life Member (non-optometrist) Associate Annual Member (non-optometrist)

Other Gift (please indicate amount) _____

- Tribute gift/donation Memorial gift/donation

Your gift tribute or memorial will appear in the annual report (available at MOA)

If this membership is being made in honor or memory of someone, please indicate that person's name below. This is the name that will appear on the plaque or in the annual report (if the gift is \$500 or greater, a plaque will be provided)

- In honor of OR In memory of

- Donation, in any amount
 Annual membership, \$50 check enclosed, a reminder will be sent once annually next year.
 Life membership is \$500.00. You may choose any of these methods, a payment must be included:

Paid Life Membership

•One payment (\$500 is enclosed; **Paid Life Membership**)

Pledged Life Membership (plaques are presented upon completion of pledge)

•Two payments of \$250 (first \$250 is enclosed)

•Five payments, \$100 ea (first \$100 is enclosed)

Thank you for supporting optometric education in Missouri.

Please return your check payable to MOF and a copy of this form to:

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