



Help Transform a Life!

Participate in one of Optometry Giving Sight's *easy* to initiate campaigns and/or become a *regular donor*

- Please send me more information about the I CARE & SHARE™ program
- Please send me more information about the World Sight Day Challenge
- Please send me a donation box

Yes I would like to make a regular donation of:

- £10 per month
- £20 per month
- £50 per month
- £ _____ per month
- £150 per annum
- £300 per annum
- £600 per annum
- £ _____ per annum

Yes I would like to make a single gift of:

- £150
- £300
- £600
- £ _____

- Please find attached my cheque or money order made payable to Optometry Giving Sight
- Please charge my credit card
- This is a personal donation
- This is a company donation

Card number: _____

Card type: VISA MASTERCARD AMEX Expiry Date: _____

Name on Card: _____

Signature: _____

Title: _____ First name: _____ Last name: _____

Company / Practice: _____ Position: _____

Address: _____

County: _____ Post code: _____ Telephone: _____

Fax: _____ Email: _____

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I wish to Gift Aid all donations I've made to Optometry Giving Sight since 6 April 2000 and all donations I make in the future until I notify you otherwise. To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year.

Please return to: **Optometry Giving Sight**, c/o Vision Aid Overseas, 12 The Bell Centre
Newton Road, Crawley West Sussex RH10 9FZ

T | 01293 535 016

F | 01293 535 026 W | www.givingsight.org

E | uk@givingsight.org

Thank you. Donations can also be made online at: www.givingsight.org

Optometry Giving Sight Registered Charity Number: 1142250

OPTOMETRYGIVINGSIGHT

Transforming lives through the gift of vision

