



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 more information about Patient Giving

Yes I would like to make a regular donation of:

- | | |
|--|--|
| <input type="radio"/> \$25 per month | <input type="radio"/> \$300 per annum |
| <input type="radio"/> \$50 per month | <input type="radio"/> \$600 per annum |
| <input type="radio"/> \$100 per month | <input type="radio"/> \$1200 per annum |
| <input type="radio"/> \$ _____ per month | <input type="radio"/> \$ _____ per annum |

All donations are tax deductible

**Billed annually*

Yes I would like to make a single gift of:

- \$300
- \$600
- \$1200
- \$ _____

- 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 DISCOVER MASTERCARD AMEX Expiry Date: _____

Name on Card: _____

Signature: _____

Title: _____ First name: _____ Last name: _____

Company / Practice: _____ Position: _____

Address: _____

City/State: _____ Zip code: _____ Telephone: _____

Fax: _____ Email: _____

Please return to: **Optometry Giving Sight, 1019 8th Street, Suite 304, Golden, Colorado 80401**
T | 1-888-OGS-GIVE F | 1-303-279-8042 W | www.givingsight.org E | usa@givingsight.org

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

OPTOMETRYGIVINGSIGHT

Transforming lives through the gift of vision

