



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:

- \$30 per month
- \$120 per month
- \$_____per month
- \$360 per annum*
- \$1000 per annum*
- \$_____per annum*

Yes I would like to make a single gift of:

- \$360
- \$720
- \$1000
- \$_____

All donations over \$2 are tax deductible

*Billed annually

- 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 practice donation

Card number: _____

Card type: VISA MASTERCARD AMEX Expiry Date: _____

Name on Card: _____

Signature: _____

Title: _____ First name: _____ Last name: _____

Company / Practice: _____ Position: _____

Address Personal Practice: _____

City/State: _____ Post code: _____ Telephone: _____

Fax: _____ Email: _____

Comments: _____

OPTOMETRYGIVINGSIGHT

Transforming lives through the gift of vision

Please return to: OPTOMETRY GIVING SIGHT, PO Box 6378, UNSW, Sydney, NSW 1466 AUSTRALIA
T: 1300 88 10 73 E: australia@givingsight.org F: 02 9385 5177

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