



OPTOMETRY GIVING SIGHT
**world sight day
 challenge**

Remittance Form

Thank you so much for your participation in the World Sight Day Challenge! Tax receipts will be issued for all Doctor/Practice donations, and if individual doctors are listed, we will issue receipts in each doctor's name. For staff & patient donations requiring a tax receipt, see below.

Patient and Staff Donations Total (if tax receipts are required, include name, address, and donation amounts on separate sheet)*	\$
Practice/Doctor Donation Total (show doctor breakdown below if separate tax receipts are needed)	\$
Doctor #1:	\$
Doctor #2:	\$
Doctor #3:	\$
Doctor #4:	\$
Total Donations	\$

Name

Name to show on receipt (if different from above)

Address

City / Province.....

Postal Code.....

Tel

Fax

Email

Count us in for next year's World Sight Day Challenge! (World Sight Day is on October 12th in 2023)

* NOTE: Tax receipts cannot be issued to the practice or doctors for patient donations due to Revenue Canada's rules. Receipts for patient or staff donations will be issued if requested. Please include names, addresses, and donation amounts on a separate sheet or use the patient donation form on the back of the tear off sheets.

Please make cheques payable to - **Optometry Giving Sight**
Mail to: B110 - 4 Parkdale Crescent NW, Calgary AB T2N 3T8
Or fax to: 1-888-425-7296 on our toll-free secure fax system
Or send funds by *Interac* email money transfer to canada@givingsight.org

Questions – Please contact Corinne Waldon: 1-800-585-8265 ext 4 canada@givingsight.org

Credit card donations can be made at - www.givingsight.org or by filling out the information below.

Donation Amount \$ _____ Credit Card Type: Visa MasterCard American Express

Name as it appears on the credit card: _____

Credit Card Number: _____

Credit Card Expiry: ____/____ CVC Code: _____ Signature: _____