

# OPTOMETRYGIVINGSIGHT

*Transforming lives through the gift of vision*

Yes I would like to make a regular monthly donation to Optometry Giving Sight:

\$5/month  
 \$10/month  
 \$25/month  
 \$(Other).....

Yes I would like to make a  **single**  **annual** donation to Optometry Giving Sight:

\$10  
 \$25  
 \$50  
 \$(Other).....

Please find attached my cheque / money order made payable to Optometry Giving Sight

Please charge my credit card

Please send me a receipt

Card number: \_\_\_\_\_

Card type:  VISA  DISCOVER  MASTERCARD  AMEX

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Thank You. Please return to reception or mail to:

Country Manager, Optometry Giving Sight  
4 Parkdale Crescent NW Calgary Alberta T2N 3T8

1-800-585-8265-Ext.4/ canada@givingsight.org

Donations can also be made online at: [www.givingsight.org](http://www.givingsight.org)

All donations are tax deductible

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