



OPTOMETRY GIVING SIGHT

world sight day challenge

REMITTANCE FORM

You did it!! Your donation toward the World Sight Day Challenge will give the gift of vision around the world. Thank you in advance for your contribution. Please fill out the information below and remit your donation by mail, fax or online by November 30.

Practice donations \$ _____

Patient donations \$ _____

Staff donations \$ _____

Total Donations Raised \$ _____

Can we count on your participation for the 2024 World Sight Day Challenge? _____

Check enclosed Credit card information provided below

Credit card number _____ Exp. date _____

CVC (three digit code) _____ Signature _____

Contact Information

Doctor name _____

Contact name _____

Practice name _____

Address _____

City, State, Zip _____

Phone _____ Email _____