



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:	\$
<b>Total Donations</b>	<b>\$</b>

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 10<sup>th</sup> in 2024)

\* 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](mailto:canada@givingsight.org)

Questions – Please contact Corinne Waldon: 1-800-585-8265 ext 4 [canada@givingsight.org](mailto:canada@givingsight.org)

**Credit card donations** can be made at - [www.givingsight.org](http://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: \_\_\_\_\_