



thank you!
thank you!
thank you!

You made the decision to help give sight and a better future for people around the world, and we're beyond grateful! It's thanks to people like you that we can do what we do.

Now it's time to remit those funds you raised. It's simple; just fill out the information on this form and send it to us by email, mail, or fax, no later than November 30, or donate online at www.givingsight.org/donate-wsdc. Please note that tax receipts are provided via email. If you do not wish to share your email address, tax receipts are provided by post for donations of \$25 and above. Please use the additional page provided if you have additional doctors, staff, or patients needing a tax receipt. Per Revenue Canada, tax receipts cannot be issued to the practice or doctors for patient donations.

DONATIONS RAISED

☐ Cheque enclosed and made out to Optometry Giving Sight ☐ Credit card details below

Practice/Doctor

Credit card number

Patients/Staff

Expiry CVC

TOTAL

Signature

send via:

MAIL: B110 - 4 Parkdale Crescent NW, Calgary, AB T2N 3T8

EMAIL: canada@givingsight.org **FAX:** 888.425.7296

INTERAC EMAIL TRANSFER: canada@givingsight.org

CONTACT INFORMATION

Doctor's name

Point person's name

Practice name

Name for tax receipt

Street address

City / Province Postal Code

Phone

Email

SO...HOW ABOUT NEXT YEAR?

☐ Yes! Let's do this again next year! (We can't wait!)



OPTOMETRY
giving sight
givingsight.org

B110 - 4 Parkdale Crescent NW, Calgary, AB T2N 3T8 CANADA

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Use this form for any additional donors requiring a receipt. Please note that tax receipts are provided via email. If you do not wish to share your email address, please note that tax receipts are provided by post for donations of \$25 and above. Thank you!

PRACTICE NAME _____

NAME	ADDRESS (REQUIRED)	EMAIL	PHONE	DONATION

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