

will you help us give sight?

There are two easy ways to do it.

1 Yes! I want to help by becoming a **regular contributor!**
Please charge my card every

In the amount of (circle one): ☐ Month ☐ Year

\$10 \$25 \$50 OTHER

2 Yes! I want to help with a **one-time contribution!**
Please charge my card today/find my cheque attached

In the amount of (circle one):

\$10 \$25 \$50 OTHER

Please make cheques payable to Optometry Giving Sight.

Card Type: VISA MASTERCARD AMEX DISCOVER Expiry: _____

Card No.: _____ CVC: _____

First Name: _____ Last Name: _____

Organization
(if applicable): _____ Role: _____

Address: _____

City: _____ Province: _____ Postal
Code: _____

Signature: _____

Email: _____ Phone: _____

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!**

Please return this form to reception or to:

B110-4 Parkdale Crescent NW | Calgary Alberta T2N 3T8
canada@givingsight.org | www.givingsight.org

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