



# Donation Form

## Capital Funding (Hospital Construction - Get you name inscribed at the hospital)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> \$20,000+ | <b>Facility Room Donor</b> – Sponsor a room and get a personalized plaque at the hospital of your choice. Please contact SEF Office at 1-866-SANKARA (726-5272) for more information. |
| <input type="checkbox"/> \$10,000  | <b>Platinum Wall of Founders Donation</b>   |
| <input type="checkbox"/> \$5,000   | <b>Golden Wall of Founders Donation</b>   |
| <input type="checkbox"/> \$1,000   | <b>Wall of Founders Donation</b>  |
| <input type="checkbox"/> Other     | \$ _____  |

Choose the Capital Project

☐ Varanasi\_UP   ☐ Mathura\_UP   ☐ Guntur\_AP   ☐ Solapur\_Maharashtra   ☐ \_\_\_\_\_ Other

## Cataract Surgeries/Food for Patients

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> \$11,000 | <b>Open an Eye a Day for One Year (365 Cataract Surgeries)</b>  |
| <input type="checkbox"/> \$3,000  | <b>Open 100 Eyes (100 Cataract Surgeries)</b>                   |
| <input type="checkbox"/> \$1,500  | <b>Open an Eye a Week for One Year (50 Cataract Surgeries)</b>  |
| <input type="checkbox"/> \$360    | <b>Open an Eye a Month for One Year (12 Cataract Surgeries)</b> |
| <input type="checkbox"/> \$90     | <b>Open Three Eyes (3 Cataract Surgeries)</b>                   |
| <input type="checkbox"/> \$30     | <b>Open an Eye (One Cataract Surgery)</b>                       |
| <input type="checkbox"/> Other    | \$ _____  |



Scan to  
Donate Online

You can sponsor the surgery on a special day like birthday or anniversary. Please let us know and where possible, and we will try and accommodate your request:

### Payment:

**Amount:** \$ \_\_\_\_\_ ☐ **Check** (Payable to Sankara Eye Foundation) ☐ **Credit Card** (Visa/Master/Amex)

**Credit Card #** \_\_\_\_\_ **Exp Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CVV** \_\_\_\_\_  
(Call SEF office at 1-866-SANKARA for installment plans) (CCV: 3-digit code on the back)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ My employer will match my donation. Employer: \_\_\_\_\_



I would like  
to volunteer

**Online:** [www.giftofvision.org](http://www.giftofvision.org)

**Mail to:** Sankara Eye Foundation, 1900 McCarthy Blvd. # 207, Milpitas, CA 95035

**1-866-SANKARA (726-5272)**   **info@giftofvision.org**   **TAX ID# 77-6141976**