Donation Form



Capital Fu	Inding (Hospital Construction - Get you name inscr	ibed at the hospital)
_ □ \$20,000+	Facility Room Donor - 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.	
□ \$10,000	Platinum Wall of Founders Donation	
□ \$5,000	Golden Wall of Founders Donation	
□ \$1,000	Wall of Founders Donation	
□ Other	\$	
_	I	
Choose the Ca	I, Telangana 🛛 Akhand Jyoti, Bihar	
Cataract S	Surgeries/Food for Patients	
□ \$3,000	Open 100 Eyes (100 Cataract Surgeries)	
□ \$1,500	Open an Eye a Week for One Year (50 Cataract Surgeries)Open an Eye a Month for One Year (12 Cataract Surgeries)	
□ \$360	Open an Eye a Month for One Year (12 Cataract Sur	rgeries)
□ \$90	Open Three Eyes (3 Cataract Surgeries)	
□ \$30	Open an Eye (One Cataract Surgery)	
□ \$200	Food for Patients	Scan to Donate Online
Other	\$	
	r the surgery on a special day like birthday or anniversary. commodate your request:	Please let us know and where possible, and we
Payment: Amount: \$	Check (Payable to Sankara Eye Founda	ation) 🗖 Credit Card (Visa/Master/Amex)
Credit Card #	(Call SEF office at 1-866-SANKARA for installment plans)	_ Exp Date:/ CVV (CCV: 3-digit code on the back)
First Name:	Last Name:	Spouse:
Address:		
City:	State:	
Phone #:	Email:	I would like to volunteer
Signature:	Date:	۱ ۱
□ My employer will match my donation. Employer:		
Online: www.gi	ftofvision.org	

Mail to: Sankara Eye Foundation, 1900 McCarthy Blvd. # 302, Milpitas, CA 95035 TAX ID# 77-6141976

1-866-SANKARA (726-5272) info@giftofvision.org

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