



# Mail-in Donation Form

## Capital Funding for Hospital Construction (Get names 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

- |                                                                      |                                                                      |                                                       |
|----------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Akhand Jyoti Eye Mega Hospital, MastiChak   | <input type="checkbox"/> Netaji Eye Hospital, Kolkata                | <input type="checkbox"/> Sankara Eye Hospital, Guntur |
| <input type="checkbox"/> R. Jhunjhunwala Sankara Eye Hospital, Patna | <input type="checkbox"/> Siliguri Greater Lions Hospital, Jalpaiguri | <input type="checkbox"/> General Capital Fund         |

## Cataract Surgeries

- |                                  |                                                                 |
|----------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> \$5,000 | <b>Open 100 Eyes</b> (100 Cataract Surgeries)                   |
| <input type="checkbox"/> \$2,500 | <b>Open an Eye a Week for One Year</b> (50 Cataract Surgeries)  |
| <input type="checkbox"/> \$600   | <b>Open an Eye a Month for One Year</b> (12 Cataract Surgeries) |
| <input type="checkbox"/> \$150   | <b>Open Three Eyes</b> (3 Cataract Surgeries)                   |
| <input type="checkbox"/> \$50    | <b>Open an Eye</b> (One Cataract Surgery)                       |
| <input type="checkbox"/> Other   | \$ _____                                                        |



Scan to  
Donate Online

You can sponsor surgeries on special days like birthdays or anniversaries.  
Please fill in your request here, if any, and we will try to accommodate it: \_\_\_\_\_

### Payment:

**Amount:** \$ \_\_\_\_\_ ☐ Credit Card ☐ Check (Payable to Sankara Eye Foundation, USA)

☐ Zelle (officemanager@giftofvision.org)

**Credit Card #** \_\_\_\_\_ **Exp Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CVV#** \_\_\_\_\_

(Call SEF office at 1-866-SANKARA for installment plans)

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

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

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

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

☐  
I would like  
to volunteer

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

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

**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**