



# 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"/> 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   | \$ _____  |

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 as best as we can:

\_\_\_\_\_

**Donation Amount \$** \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Credit Card</b> (Call SEF office at 1-866-726-5272)   | <input type="checkbox"/> <b>Check</b> (Payable to Sankara Eye Foundation, USA) |
| <input type="checkbox"/> <b>Zelle</b> ( <a href="mailto:officemanager@giftofvision.org">officemanager@giftofvision.org</a> . Please provide your name and contact info) |  |



Scan to  
Donate Online

**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](mailto:info@giftofvision.org)**

**TAXID# 77-6141976**