



- **\$50** will allow a person to permanently see again.
- **\$500** could buy enough surgical supplies for dozens of sight restoring procedures.
- **\$1,000** could pay for enough Vitamin A to save an entire village of children from going blind.

## DONATION FORM

Please fill out this form completely.

- \$50.00       \$100.00       \$250.00       \$500.00       \$1,000
- Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

- Visa       Master Card       American Express

Credit Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I authorize One World Sight Project, Inc. to charge the total donation indicated on this form to my credit card.

Name (as it appears on card) \_\_\_\_\_

Signature: \_\_\_\_\_

One World Sight Project, Inc. is a non-profit corporation and tax-exempt public charity within the meaning of Sections 501(c)(3) and 509(a) of the Internal Revenue Code. IRS tax exempt #33-0469950