



Please Support Optometry Giving Sight

By now, you will have received my letter encouraging you to support the **World Sight Day Challenge** campaign. I would love to see 100 percent participation from Vision Source® member doctors, staff and partners in your offices. Please participate yourself, and encourage others to do so.

Regards,
Dr. Glenn Ellisor

Vision Source™



Photo courtesy of FUEDEM, El Salvador.

**Your gift –
Her vision for life.**

Take the Challenge:

Sep 1 – Oct 10 (World Sight Day)

- ✓ Please make a personal, practice or company donation today and,
- ✓ Raise funds from patients and/or employees!



To register or donate, complete and mail this form back to Optometry Giving Sight or visit www.givingsight.org to donate, register or find out more on line.

OPTOMETRYGIVINGSIGHT

Transforming lives through the gift of vision



Follow us online and share your stories
World Sight Day is an initiative of VISION 2020





YES, I would like to join the 2013 World Sight Day Challenge!

Option 1:

I will participate in my practice by (check all that apply):

- ☐ Donating a day of eye exam fees
- ☐ Donating \$2 to \$5 per frame sold or exam during the Challenge
- ☐ Purchasing a Patient Donation Kit for *\$25.00

(The kit includes 50 wristbands, a giving poster with donation cards, stickers, lapel pins for staff, balloons and other promotional material. The suggested donation amount for wristbands is \$2-\$5 each. At the end of the Challenge we will ask you to remit funds collected from wristband and/or giving poster donations.

*The \$25.00 kit fee covers our cost of material and shipping)



- ☐ Check Enclosed ☐ Credit Card Information provided below

Option 2:

I would prefer to make my donation to the Challenge now!

- ☐ I will make a monthly donation of: ☐ \$25 ☐ \$50 ☐ \$100 ☐ Other
- ☐ I will make a single donation of: ☐ \$300 ☐ \$600 ☐ \$1,200 ☐ Other

- ☐ Check Enclosed ☐ Credit Card Information provided below

Payment Details:

Card number: _____ Expiration date: _____

Signature: _____ Card type: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

General Details:

Title: _____ First name: _____ Last name: _____

Company / Practice: _____ Telephone: _____

Address: _____

_____ Zip: _____

Fax: _____ Email: _____

Practice Manager / Contact name: _____ Email: _____

Thank you. You can also mail, fax or email this form to: **Optometry Giving Sight, 1019 8th Street, Suite 304, Golden CO 80401**

T: 888 OGS GIVE F: 303 279 8042 E: usa@givingsight.org

Donations can also be made online at: www.givingsight.org All donations are tax deductible.

WORLD SIGHT DAY CHALLENGE COALITION SPONSORS