

Please Support Optometry Giving Sight

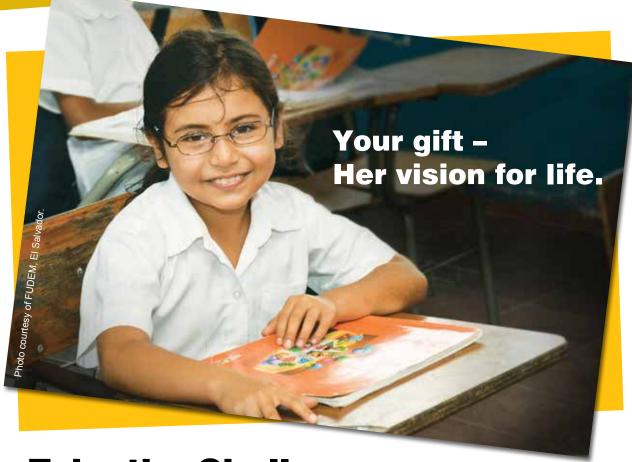
By now, you will have received my letter encouraging you to support the **World Sight Day Challenge** campaign. I would love to see 100 percent participation from Vision Source® member doctors, staff and partners in your offices. Please participate yourself, and encourage others to do so.

Regards, **Dr. Glenn Ellisor**

VISION SOURCE



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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.

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Transforming lives through the gift of vision





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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: 4300 4600 41,200 Other Check Enclosed Credit Card Information provided below **Payment Details:** Card number: _____ Expiration date:___ VISA () MASTERCARD () AMEX () DISCOVER Signature: Card type: **General Details:** Title: _____ First name: ____ Last name: ___ Company / Practice: Telephone: _____ Zip: _____ 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

Practice Manager / Contact name: ______ Email: ______ Email: _____

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

























