

Donation Form

Sponsorship Details:

(Please put a tick mark in appropriate box)

Provide for Cataract Surgery and give the Gift of Vision to blind person:

For 1 person \$ 30

For 5 person x \$ 30 \$ 150

For 10 person x \$30 \$ 300

\$ 50 Provide to a patient for one eye to treat the Pterygium or glaucoma surgery to get rid of the curse of blindness

\$ 100 Provide to 10 people for eyeglasses to maintain their hope and independence

\$ 150 Provide as a gift to a child with specialized pediatric surgery and follow-up care. Your support will help a child to regain vision for lifetime and he/she can continue the studies and change the life forever

\$ _____ One-time donation

Payment:

Yes, I want to make donation to Eye Care Project as below:

Amount: \$ _____ * Check (Payable to **Eye Care Project- MSS**) * Credit Card (Visa/Master/Amex)

Credit Card # _____ Exp Date: _____ / _____ CVV _____
(CCV: 3-digit code on the back)

First Name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone # _____ Email ID: _____

Signature: _____ Date: _____ / _____ / _____

You may also directly transfer money to our account:

Bank Account details are:

Eye Care Project- MSS

Bank Account No: 14131090021704 Swift: PRBLBDDH

Prime Bank Ltd, Panthapath Branch

Dhaka- 1205, Bangladesh.

For further Information Please Contact :

EYE CARE PROJECT

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