DONATION FORM

Donor No: MR No:

## **EYE CARE PROGRAM - MSS**

**DONATE & CHANGE LIVES** 

## YES! I WOULD LIKE TO SUPPORT EYE CARE PROGRAM-MSS

<b>Donor's Information:</b> (In case of organization please give name/address of the organization)		
Name:		
Address:		
City:	Country:	Post Code:
Phone Number:Email ID:		
Donation Type: ☐ General ☐ Zakat ☐ SadaqahDate:////		
Types of Donation to Eye Care Program-MSS (Please put a tick mark in appropriate box)		
Provide for Cataract Surgery:		
For 1 Person		BDT 4,000
For 5 Person x BDT 4,000		BDT 20,000
For 10 Person x BDT 4,000		BDT 40,000
For_	Person x BDT 4,000	BDT
☐ BDT 7,500	Provide for eyeglasses to 100 people to correct their refractive error.	
☐ BDT 65,000	Conduct an Eye Camp in remote area and provide eye screening to approximately 500 underpreviledged patients and identify cataract patients give 200 spectacles.	
☐ BDT 20,000	Conduct a School Sight Testing Program and provide sight screening to approximately 300 underserved school chidren. medicines and glasses, identify curable blindness.	
BDT	One-time donation (use for any other important need)	
☐ Cash	ete BDT	Bank
☐ Bank Transfer: Eye Care Program-MSS, A/C# 2141311009141, Prime Bank Ltd, Panthapath Branch, Dhaka-1205, Bangladesh. Swift: PRBLBDDH		
☐ Debit/Credit cards through website: www.mssbd.org/donation/eye-care-program		
☐ Mobile Banking: ☐ bKash>Make Payment>01730024035>Tap to Continue>Amount>Reference (Name)> Pin Number>Tap to Pay		
	Next>Tap to Pay	1730024035>Amount>Next>Reference (Name)>Pin Number> 6>Bill No (Name)>Amount>Submit>Pin Number>Tap to Pay
To collect Cash/Cheque or for any assistance please:  Call: 01730024033, 01730024035, Email: eyecare@mssbd.org  Donor Signature		



For further information please contact:

## **EYE CARE PROGRAM-MSS**

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