

# OPTOMETRY GIVING SIGHT



## WORLD SIGHT DAY CHALLENGE

Help support  
**“Our Vision for Children”**  
by giving sight to the estimated  
**13 million children who are blind or  
vision impaired simply because they  
do not have a pair of glasses.**

Show your commitment on or before

### World Sight Day – 11 October 2007

**Practices!** Donate your eye exam fees on World Sight Day

**Optometrists!** Sign up for a regular donation of £10 per month

**Patients!** Add £2.50 to your invoice throughout October

**Staff and Students!** Sign up for a regular donation of at least £2.50 per month

**Yes, I would like to participate in the World Sight Day Challenge. I am:**

**A Practice** that would like to donate our eye exam fees on World Sight Day, and / or

**An Optometrist** who would like to sign up for a regular monthly or annual donation, or

**Staff member / Student** who would like to sign up for a regular donation, or

**Other** (please specify)

Please contact **me / my Practice Manager** to make arrangements to implement the Challenge in our practice.  
The best time to contact me / my Practice Manager is: (please include name of practice manager where appropriate):

Please Turn Over...

## GIVE SIGHT GIVE NOW

Optometry Giving Sight is a joint initiative of the World Optometry Foundation (WOF), the International Centre for Eyecare Education (ICEE) and the International Agency for the Prevention of Blindness (IAPB) and supports the goals of VISION 2020: The Right to Sight.

*giftaid it*

- I would like to make my donation now.
- I would like to make a **regular monthly donation** to Optometry Giving Sight
- £10    £20    £(other)
- I would like to make a  **single**  **annual** donation to Optometry Giving Sight
- £120    £240    £(other)
- Please find attached my cheque / money order made payable to Optometry Giving Sight, or
- Please charge my credit card.

I wish to Gift Aid all donations I've made to Optometry Giving Sight since 6 April 2000 and all donations I make in the future until I notify you otherwise.

To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year.

### Donor Details:

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

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Card Details:

Card Number \_\_\_\_\_

Card Type:  MasterCard    Visa    AMEX

Expiry Date: \_\_\_\_\_ CVV2: (3 or 4 digit Security Code on back of credit card. Amex is 4 digit number on front of card) \_\_\_\_\_

Signature \_\_\_\_\_

If you would like to make a regular monthly or annual donation please complete the **STANDING ORDER** details below. We will then send these to your bank, who will set up the mandate based on the details you provide. You may cancel or change the amount of the Order at any time.

### Your Bank Details:

Bank name: \_\_\_\_\_

Branch address: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_ Sort code: \_\_\_\_\_

### About the Payment:

Amount of payment: £ \_\_\_\_\_

Amount in words: \_\_\_\_\_

Day/Date of payments: \_\_\_\_\_ Frequency: monthly / annual (*please circle*) \_\_\_\_\_

Special instructions: \_\_\_\_\_ Until further notice \_\_\_\_\_

Start date: \_\_\_\_\_ Signature: \_\_\_\_\_