



# Gift of Sight Card Order Form

Thank you for giving the Gift of Sight!

As little as \$25 can restore sight, dignity, independence, and bring about lasting change for those living with blindness in developing countries.

## My Gift Amount





I would like to purchase (insert quantity)  Gift of Sight card/s, each to the value of (please tick):

\$25   
  \$50   
  \$100   
  \$200   
  \$500   
 Other: \$ \_\_\_\_\_ (Minimum gift of \$25)

**Total Amount \$ \_\_\_\_\_**

## My Gift Card

Choose your favourite design/s and the blank card/s will be delivered to you for your personalisation.

|                                    |   |                                    |   |
|------------------------------------|---|------------------------------------|---|
| <input type="text"/><br>(Quantity) |    | <input type="text"/><br>(Quantity) |    |
| <input type="text"/><br>(Quantity) |  | <input type="text"/><br>(Quantity) |  |

## My Details

Your Gift of Sight Card will be delivered directly to you for your personalisation.

Donor number: (for existing donors) \_\_\_\_\_ Title (Mr, Ms, Mrs, Miss, Dr) : \_\_\_\_\_

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Telephone H/W: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ DOB (Helps us identify you securely): \_\_\_\_\_  
*(We may send you email updates about our work.)*

**I will be paying for my Gift of Sight card by:**

Cheque or money order (please attach) OR  
 Credit card (please circle):    VISA                      Mastercard                      Diners                      Amex

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_ Signature \_\_\_\_\_