

Donation Form



SANKARA
EYE FOUNDATION

Capital Funding (Hospital Construction)

- \$20,000+** **Facility Room Donor** - Sponsor a room and get a personalized plaque at the hospital of your choice. Please contact SEF Office at 1-866-SANKARA (726-5272) for more information.
- \$10,000** **Platinum Wall of Founders Donation**
- \$5,000** **Golden Wall of Founders Donation**
- \$1,000** **Wall of Founders Donation**
- Other** \$ _____

Choose the Capital Project

- Mumbai, Maharashtra** **Hyderabad, Telangana** **Indore, Madhya Pradesh**

Name Another Hospital: _____

Special request - e.g. Donation in name of:

Cataract Surgeries/Food for Patients

- \$3,000** **Open 100 Eyes** (100 Cataract Surgeries)
- \$1,500** **Open an Eye a Week for One Year** (50 Cataract Surgeries)
- \$360** **Open an Eye a Month for One Year** (12 Cataract Surgeries)
- \$90** **Open Three Eyes** (3 Cataract Surgeries)
- \$30** **Open an Eye** (One Cataract Surgery)
- \$200** **Food for the Patients**
- Other** \$ _____



Scan to
Donate Online

You can sponsor the surgery on a special day like birthday or anniversary. Please let us know and where possible, and we will try and accommodate your request:

Payment:

Amount: \$ _____ **Check** (Payable to Sankara Eye Foundation) **Credit Card** (Visa/Master/Amex)

Credit Card # _____ **Exp Date:** ____/____/____ **CVV** _____
(Call SEF office at 1-866-SANKARA for installment plans) *(CCV: 3-digit code on the back)*

First Name: _____ **Last Name:** _____ **Spouse:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Email:** _____

Signature: _____ **Date:** ____/____/____

My employer will match my donation. Employer: _____

I would like
to volunteer

Mail to: Sankara Eye Foundation, 1900 McCarthy Blvd. # 302, Milpitas, CA 95035