



Engaged in Relentless Effort in Preventing Blindness through Education and Care
(a Non-profit organization registered in the State of Michigan)

SARVENDRIYANAM NAYANAM PRADHANAM

Benefit and Donation Form

Name: _____

Last

First

Middle

Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

- Grand Benefactor: \$10,000 and above:** \$ _____
* Name the operation theater/consult room/inpatient ward after a choice of name given by you.
* Your name is engraved in the donor list displayed at the institute
* Perform a comprehensive diabetic retinopathy and eye camp in a village of your choice.
* Referrals of patients for consultation and treatment.
* Privilege of visiting the institute as a special guest.
- Benefactor: \$5000 - \$9999:** \$ _____
* Perform a comprehensive diabetic retinopathy and eye camp in a village of choice.
* Referral of patients for consultation and treatment.
* Your name is engraved in the donor list maintained at the institute
* Privilege of visiting the institute as a special guest.
- Grand Patron: \$2500 - \$4999:** \$ _____
* Referral of patients for consultation and treatment.
* Your name is registered in the donor list maintained at the institute
* Privilege of visiting the institute as a special guest.
- Patron: \$1000 - \$2499:** \$ _____
* Referrals of patients for consult and treatment for one year.
* Your name is registered in the donor list maintained at the institute
- Donor: \$500 - \$999:** \$ _____
* Referral of patients for consultation for six months.
* Your name is registered in the donor list maintained at the institute.
- Supporter: \$100 - \$499:** \$ _____
* Contributions used for outreach of programs

**Note: All services and privileges are rendered to the value of your donation.
IAEO is a 501(c)(3) nonprofit organization. Employer ID # 20-5487337. Your donation is
tax-deductible to the full extent of current law.**

Please make checks payable to: INDO AMERICAN EYECARE ORGANIZATION (IAEO)

Check# _____ Amount: _____

Mail the Donor form and checks to: IAEO, 2975 Leslie Park Circle, Ann Arbor, MI 48105

For more information contact at (734) 996-2866 or info@indoamericaneyecare.org

Visit www.pvri.org and www.indoamericaneyecare.org

Credit Card Information

Name: _____ Credit Card #: _____

EXP Date: _____ Amt: _____ Signature: _____

Type of Card: MC Visa AE Discovery PayPal