SAVE ONEs SIGHT

DONATION FORM

CHEQUE/POSTAL ORDER/DIRECT REMITTANCE

A non-profit organisation fighting unnecessary
blindness and other eye diseases through early detection

PERSONAL DETAILS

Name _____ Date _____

I.C. no _____ – _____ – _____

Tel no _____ – _____ Email _____

Address _____

CHEQUE

Issued by (bank name) _____ Date _____

Cheque no _____ Amount RM _____.00

All cheques must be crossed and made payable to 'Save Ones Sight Missions Berhad'

POSTAL ORDER

Postal Order no _____ Amount RM _____.00 Date _____

DIRECT REMITTANCE

Bank Name _____

Amount RM _____.00 Date _____

Please enclose bank-in slip for our record purposes

PROJECTS

I wish to direct my contributions to the projects listed below:-

- ☐ World Sight Day Campaign
- ☐ Mobile Screening Units & Screening events
- ☐ Help Mission (provide for needy patients)
- ☐ Eye Health Management Centre
- ☐ General Donation

Save Ones Sight Missions Berhad (947704-H)
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