



Rotary Eye Care Centre

I WOULD LIKE TO SPONSOR CATARACT SURGERIES

NAME:.....

ADDRESS.....

.....

TEL. NO. 1..... 2.....

E MAIL

SPONSOR CATARACT SURGERIES (Nos)

AMOUNT

MODE OF PAYMENT CASH / CHQ

CHQ DETAIL NO:

DATE

Please send us the cheque in favour of 'Rotary District 3010 social welfare society - Rotary Eye care Centre'. Your Donation is exempt under 80G. You will be provided with a thank you note from the patients of their feeling before and after the operation along with photograph.