

Dear Donor,

Thank you for donating to the Dekhon Network. We want to assure you that your funding will be utilized the way you prefer, whether it is surgery, spectacles, camps, etc. To ensure that this is done, please fill out some of your information below. By providing contact details, we will be able to keep you up to date on where your money has and will be used, what the results are, who you have helped treat, and keep you informed on the happenings inside the network. Please include this form with your donation.

**Personal Details:**

First Name: \_\_\_\_\_ M.I: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Eye Disabilities in Family? Y/N

Occupation: \_\_\_\_\_

**Keeping in Touch:**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_ (requested for updates and video)

Phone Contact: \_\_\_\_\_

**Donation Details**

Donation Amount: \_\_\_\_\_ Currency: \_\_\_\_\_

**Purpose of Donation:**

\_\_\_\_ General Use

\_\_\_\_ Spectacle Subsidies

\_\_\_\_ Cataract Surgery (Amount must be 50 USD or 2500 INR/surgery)

\_\_\_\_ Equipment

\_\_\_\_ Camp

\_\_\_\_ OPD

**Cataract Follow-up: (PLEASE NOTE)**

**If you donated for a Cataract Surgery, we would like to send you information on when and how the surgery was conducted. Please give us your email or phone number to that we can keep you up to date on how your money is being used!**