

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!