

**To; The Managing Trustee, Vision Foundation of India.**

Yes! I/We want to be a part of the solution to help ensure people with visual impairments have the opportunity to live with independence and dignity.

I/We wish to sponsor \_\_\_\_\_ no. of eye surgeries @ Rs 1800/- per surgery.

I wish to donate a lumpsum amount as Corpus Fund.

(\*Please tick whichever applicable)

Total Rs. \_\_\_\_\_ by Cheque / DD / Cash / Electronic Transfer in the name of **“Vision Foundation of India”**

**Donor Details:**

Name of Donor: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Pin: \_\_\_\_\_ Contact No: \_\_\_\_\_

Email: \_\_\_\_\_ PAN: \_\_\_\_\_

**Cheque / DD / Electronic Transfer Details**

Cheque No: \_\_\_\_\_ Txn No: \_\_\_\_\_

Date : \_\_\_\_\_ Drawn On: \_\_\_\_\_

**Bank Details:**

Account Name: Vision Foundation of India

Account No: 9711651853

Bank Name: Kotak Mahindra Bank Ltd.

Branch : Hughes Road

IFSC / RTGS: KKBK0000639

MICR: 400485044