

Need a gift for that special someone?



Donate in honour of a friend or loved one and give the GIFT OF SIGHT today.

Your thoughtful gifts today will prevent blindness and restore sight. They will enable children to go to school, and support women by ensuring they can work and provide for their families.

When you donate on behalf of someone you care about, you're also giving families the opportunity to thrive in their communities and live healthier, more prosperous lives.

1

Choose the amount you would like to give for each gift.

For \$50, you could help children achieve their potential through our school eye health screening programs.

With a \$75 gift, you could help someone see a loved one's smile again by supporting a sight-restoring cataract surgery and its associated expenses.

A gift of \$100 could help provide training for an eye health professional.

A gift of \$250 could help reduce the spread of trachoma through our clean water projects.

2

Select your card(s) from the choices pictured on the reverse.



New this year: cards and gift tags for the children in your life to colour



Each card comes with a gift tag!



Assorted gift tags will vary.

3

Write the personal message(s) to be printed on your card(s).

4

Indicate where your card(s) should be sent.

5

Send your completed order form, including payment, to Operation Eyesight.

Ways you can place your order

Mail your completed order form to:

Operation Eyesight, 205, 609 – 14 Street NW, Calgary, AB T2N 2A1

Phone toll-free: 1-800-585-8265 (Recommended when ordering 4 or more gifts)

Scan and email your order form to: info@operationeyesight.com

Order an eCard online: operationeyesight.com/giftofsight

Operation Eyesight will allocate funds raised to programming areas of the highest priority. Examples given are in Canadian dollars and reflect full costs of products and services across a number of regions, and may vary depending on location, currency exchange rates and product and service availability.

Donate online year round at operationeyesight.com



My Gift Order

To ensure timely delivery of your card(s), please place your order at least two weeks prior to the date of your special occasion. Not looking to order a gift? You can still donate using this form.

FIRST GIFT

GIFT AMOUNT:

- \$50
- \$75
- \$100
- \$250

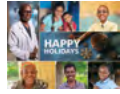
\$

OTHER AMOUNT

Minimum \$20 gift if ordering a greeting card



MERRY CHRISTMAS



HAPPY HOLIDAYS



HOLLY JOLLY



MERRY & BRIGHT



GIFT TAG

No card required

No card preference

No gift tag preference

(PLEASE PRINT) To (e.g. Jane): _____ From (e.g. Dad): _____

Special message (maximum 10 words): _____

Mail card and gift tag to my address Mail card and gift tag to the address below:

First and last name of recipient (e.g. Jane Smith): _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

SECOND GIFT

GIFT AMOUNT:

- \$50
- \$75
- \$100
- \$250

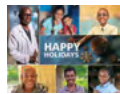
\$

OTHER AMOUNT

Minimum \$20 gift if ordering a greeting card



MERRY CHRISTMAS



HAPPY HOLIDAYS



HOLLY JOLLY



MERRY & BRIGHT



GIFT TAG

No card required

No card preference

No gift tag preference

(PLEASE PRINT) To (e.g. Jane): _____ From (e.g. Dad): _____

Special message (maximum 10 words): _____

Mail card and gift tag to my address Mail card and gift tag to the address below:

First and last name of recipient (e.g. Jane Smith): _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

THIRD GIFT

GIFT AMOUNT:

- \$50
- \$75
- \$100
- \$250

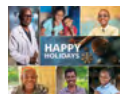
\$

OTHER AMOUNT

Minimum \$20 gift if ordering a greeting card



MERRY CHRISTMAS



HAPPY HOLIDAYS



HOLLY JOLLY



MERRY & BRIGHT



GIFT TAG

No card required

No card preference

No gift tag preference

(PLEASE PRINT) To (e.g. Jane): _____ From (e.g. Dad): _____

Special message (maximum 10 words): _____

Mail card and gift tag to my address Mail card and gift tag to the address below:

First and last name of recipient (e.g. Jane Smith): _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

DONATION

\$ _____

NO CARDS REQUIRED? DONATE HERE.

Amount: \$ _____ one-time gift monthly gift

For monthly gifts, attach void cheque or complete credit card information below.

You can change lives all year round!

Need more space for your order? Copy this page or call our office at 1-800-585-8265.

TOTAL ENCLOSED

\$ _____

METHOD OF PAYMENT

Enclosed is my cheque made payable to Operation Eyesight Canada

OR Visa MasterCard American Express

Card number: _____ Expiry date: _____ / _____

Cardholder's name: _____ CVC: _____

Signature: _____

Telephone #: _____ Email: _____

Yes, I would like to sign up to receive Operation Eyesight's eNewsletter.

Tax receipts will be issued for all orders or donations of \$20 or more unless otherwise requested.

Tax receipts are sent electronically to those with an email address on file.

Monthly donors will receive a consolidated tax receipt in January.

We'll phone you if we have any questions about your order.

This Operation Eyesight campaign had a fundraising goal of \$300,000 in 2023 at a cost of 13 cents on the dollar. If more funds are received for a particular program or project than required, Operation Eyesight will re-allocate funds to areas of highest priority. We do not sell, trade or share our mailing lists. The information you provide will be used to keep you informed and up to date on the activities of Operation Eyesight, including our programs, special events, funding needs and more. If you have questions about our organization or wish to be removed from any of these contacts, please phone 1-800-585-8265, or email info@operationeyesight.com. I understand that my monthly donation will automatically be withdrawn from my bank account or charged to my credit card. I can change or cancel my monthly contribution at any time. To obtain a sample cancellation form, or for more information about my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpc.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.

Canadian Charitable Registration Number: 11906 8955 RR0001