



Engaged in Relentless Effort in Preventing Blindness through Education and Care  
(a Non-profit organization registered in the State of Michigan)

# SARVENDRIYANAM NAYANAM PRADHANAM

## Benefit and Donation Form

Name: \_\_\_\_\_

Last

First

Middle

Spouse: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

- Grand Benefactor: \$10,000 and above:** \$ \_\_\_\_\_  
\* Name the operation theater/consult room/inpatient ward after a choice of name given by you.  
\* Your name is engraved in the donor list displayed at the institute  
\* Perform a comprehensive diabetic retinopathy and eye camp in a village of your choice.  
\* Referrals of patients for consultation and treatment.  
\* Privilege of visiting the institute as a special guest.
- Benefactor: \$5000 - \$9999:** \$ \_\_\_\_\_  
\* Perform a comprehensive diabetic retinopathy and eye camp in a village of choice.  
\* Referral of patients for consultation and treatment.  
\* Your name is engraved in the donor list maintained at the institute  
\* Privilege of visiting the institute as a special guest.
- Grand Patron: \$2500 - \$4999:** \$ \_\_\_\_\_  
\* Referral of patients for consultation and treatment.  
\* Your name is registered in the donor list maintained at the institute  
\* Privilege of visiting the institute as a special guest.
- Patron: \$1000 - \$2499:** \$ \_\_\_\_\_  
\* Referrals of patients for consult and treatment for one year.  
\* Your name is registered in the donor list maintained at the institute
- Donor: \$500 - \$999:** \$ \_\_\_\_\_  
\* Referral of patients for consultation for six months.  
\* Your name is registered in the donor list maintained at the institute.
- Supporter: \$100 - \$499:** \$ \_\_\_\_\_  
\* Contributions used for outreach of programs

**Note: All services and privileges are rendered to the value of your donation.  
IAEO is a 501(c)(3) nonprofit organization. Employer ID # 20-5487337. Your donation is  
tax-deductible to the full extent of current law.**

**Please make checks payable to: INDO AMERICAN EYECARE ORGANIZATION (IAEO)**

Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Mail the Donor form and checks to: IAEO, 2975 Leslie Park Circle, Ann Arbor, MI 48105

For more information contact at (734) 996-2866 or [info@indoamericaneyecare.org](mailto:info@indoamericaneyecare.org)

Visit [www.pvri.org](http://www.pvri.org) and [www.indoamericaneyecare.org](http://www.indoamericaneyecare.org)

### Credit Card Information

Name: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

EXP Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Signature: \_\_\_\_\_

Type of Card: MC Visa AE Discovery PayPal