



## GIFT ANNOUNCEMENT FORM

Thank you for your decision to make an important and lasting gift to Operation Eyesight - a future gift in your will or through your estate. We are incredibly grateful and honoured that you chose Operation Eyesight to be a part of your legacy of generosity and compassion.

With this gift, you join a network of global citizens – donors, staff, volunteers, board members, doctors, nurses, community health workers – passionate about transforming lives through the precious gift of sight. Operation Eyesight will use your gift carefully and thoughtfully to make a difference on your behalf.

As an investor in Operation Eyesight's future, you can appreciate how important it is for us to plan for the future of our organization, so we can continue to prevent blindness and restore sight for generations to come. **Please assist us by filling the form below.** Details of your plans will be kept confidential and will enable us to recognize your generosity in a manner that meets your needs and expectations.

# PLEASE PROVIDE THE FOLLOWING INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(DD/MM/YYYY)

Name of Spouse \_\_\_\_\_ Birthdate \_\_\_\_\_  
(DD/MM/YYYY)

Address \_\_\_\_\_ City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

I/We **intend to include** the following gift to Operation Eyesight in my/our will or estate:

OR

I/We **confirm the following gift** to Operation Eyesight through my/our will or estate:

A bequest in my/our will

- \_\_\_\_\_% of the estate
- \_\_\_\_\_% of the residue, after other gifts are made
- Specific amount: \$ \_\_\_\_\_
- Other: \_\_\_\_\_

Operation Eyesight to be the beneficiary of a life insurance policy, value of \$ \_\_\_\_\_

Operation Eyesight to be the beneficiary of \_\_\_\_\_% of my RRSP/RRIF proceeds.

Other: \_\_\_\_\_

My/our special gift is in recognition of \_\_\_\_\_

I/We wish to be recognized as: \_\_\_\_\_

Preferred Name(s)

I/We wish to remain anonymous, with no public recognition.

I/We wish for the following person(s) to be notified of the impact of my gift:

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## MESSAGE FOR FUTURE GENERATIONS

Your legacy gift will help future generations of children, women and men to see.

What message would you like to share with those who will benefit from your generosity?

I authorize Operation Eyesight to use my message for marketing purposes.

Signature \_\_\_\_\_

Date \_\_\_\_\_  
(DD/MM/YYYY)

Signature of Spouse \_\_\_\_\_

Date \_\_\_\_\_  
(DD/MM/YYYY)

Should you have any questions or wish to discuss your legacy gift or recognition, please contact us at [philanthropy@operationeyesight.com](mailto:philanthropy@operationeyesight.com) or at **+1 403.283.6323**.





*For All The World To See*

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