

# TANA FOUNDATION EYE CAMP DATA SHEET

## SPONSOR INFORMATION

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

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

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

## PAYMENT INFORMATION

Check No: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Visa/Master Card No: \_\_\_\_\_

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

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

Pledge: \_\_\_\_\_

Estimated Amount \$750, covers screening and up to 30 cataract surgeries.

## CAMP INFORMATION

Village / City Name: \_\_\_\_\_

Mandal: \_\_\_\_\_ District: \_\_\_\_\_

Name of Contact #1 in Village: \_\_\_\_\_

Phone # of Contact#1 in Village: \_\_\_\_\_

Name of Contact #2 in Village: \_\_\_\_\_

Phone # of Contact#2 in Village: \_\_\_\_\_

Nearest City #1: \_\_\_\_\_ Distance: \_\_\_\_\_

Nearest City #2: \_\_\_\_\_ Distance: \_\_\_\_\_

Sponsor Name on Banner: \_\_\_\_\_

In Memory of: \_\_\_\_\_

Please make check payable to 'TANA FOUNDATION'.

Mail the form and the check to:

**TANA, 26233 Taft Rd, Novi, MI 48374**