



# VISION1000

## MEMBERSHIP FORM

**I would like to become a Vision 1000 Member and assist in helping to save sight, save lives and fight poverty.**

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

Company Name/ Trust/ Organisation: \_\_\_\_\_

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

Email address 1: \_\_\_\_\_ Telephone 1: \_\_\_\_\_

Email address 2: \_\_\_\_\_ Telephone 2: \_\_\_\_\_

**Number of Vision 1000 memberships (\$1,000 = 1 membership):**

- 1 - \$1,000       5 - \$5000       10 - \$10,000  
(\$83.33 p/m)      (\$416.67 p/m)      (\$833.33 p/m)

**Payment Frequency**

- Monthly (12 equal payments per month)  
 Annually (Annual single payment)

**Payment Method**

- Visa  Mastercard

Cardholder name: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_ CCV number: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

- Cheques issue to "Sight For All as Trustee for Sight For All Foundation Fund" and send with this form to:

**Sight For All, PO Box 7028, Hutt Street, Adelaide, 5000**

- Electronic Payments: **Sight For All Ltd as Trustee for Sight For All Foundation Fund**  
**BSB: 065-004**      **Account Number: 1092-1890**

- Please add me to the Sight For All mailing list  
 Please include my name on the Vision 1000 Directory of Members  
 Please recognise my Vision 1000 membership in the Sight For All Annual Report and website  
 I'd like to remain anonymous on the Members directory

Full name(s) or company to be listed on Member Directory: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_