

VISION 1000

MEMBERSHIP FORM



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

Name: _____

Organisation: _____

Address: _____

Telephone: _____ Email address: _____

Additional Email address: _____

Level of Vision 1000 membership:

- VISION 1000 Annual membership of \$1,000 (\$83.33 per month)
- VISION 100 Business Club annual exclusive business membership of \$10,000
- VISION 10 Corporate Club annual exclusive corporate membership of \$100,000

Payment frequency:

- Monthly (12 equal payments)

Payment method:

- Visa Mastercard

Cardholder name: _____

Card number: _____

Expiry date: _____ CCV number: _____

Cardholder signature: _____

- Cheque

Please issue cheque 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 SA 5000

- Electronic Funds Transfer

Account name: 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

Full name(s) or company to be listed on Member Directory _____

Signed: _____

Date: _____