



# Sumba Eye Program

## Donation Form

### Personal information

Name: .....

Postal Address: .....

Postcode: .....

Telephone: ..... Email: .....

I would like to make a donation to the Sumba Eye Program: .....

Amount (Australian dollars)

### Payment options

Cheque:  Money Order:  Credit Card :

Please make cheque or money order payable to the Royal Australasian College of Surgeons.

### Credit Card Details

Mastercard:  Visa:  American Express:

Card No:

Cardholder name: ..... Expiry Date: .....

Cardholder Signature: .....

Please send this form to:  
Sumba Eye Program  
c/o Royal Australasian College of Surgeons  
College of Surgeons' Gardens  
250-290 Spring Street  
East Melbourne VIC 3002  
AUSTRALIA

Email: [international.projects@surgeons.org](mailto:international.projects@surgeons.org)  
Phone: +61 3 9249 1211  
Fax: +61 3 9276 7431

.....  
*The Royal Australasian College of Surgeons takes the issue of security and privacy seriously. Information contained in this form will not be used for any other purposes.*