



"There is no better way to thank God for your sight than to lend a helping hand to one in the dark."
- Helen Keller



Sankara Nethralaya Ophthalmic Mission Trust, Inc.

9710 Traville Gateway Drive, No. 392, Rockville, MD 20850

Authorization for Charging on my/our Visa/MasterCard Account

Date :

From : (Name/s)
(Address)
Phone No.
E-mail

To : **Sankara Nethralaya OM Trust Inc.**
9710 Traville Gateway Drive, No. 392
Rockville, MD 20850

Re : Authorization for charging on my/our Visa/MasterCard Account

Dear Sir:

I/We hereby authorize Sankara Nethralaya OM Trust Inc. to charge on my/our Visa/MasterCard Account No. _____ with expiry date _____ on 15th day of every month with \$ _____.

The proceeds will be transferred to Sankara Nethralaya of Chennai, India for continuing their charitable work. This authorization can be revoked any time by a simple notification to Sankara Nethralaya OM Trust Inc., 9710 Traville Gateway Drive, No. 392, Rockville, MD 20850.

Thanks.

Sincerely yours,

PS: For any questions or clarification, please contact *Mr. S. V. Acharya* at (301) 529-7377 or snomtrustusa@yahoo.com