

To,

Yes, I would like to join P. O. Ram Free Eye Surgery Project.

Name :

Address :

Phone No. :

E-mail :

Date of Birth :

Wedding Anniversary :

*I have pleasure in contributing towards
the P.O. Ram Free Eye Surgery Project.*

Cheque / DD to be drawn in favour of "Pabolu, Ogirala & Sriram
Charitable Trust". Payable at Nellore.

*Please accept my Contribution
(Tick your choice)*

- US \$ 100**
- US \$ 500**
- US \$ 1000**
- US \$ 5000**

Encl :

Cheque :

Draft :

Date :

Signature

PLEASE GIVE THE
NAME AND ADDRESS OF
YOUR FRIENDS TO
WHOM WE CAN APPEAL.

1. Name :

Address :

2. Name :

Address :

3. Name :

Address :

4. Name :

Address :

5. Name :

Address :

