



Student Optometric Service to Humanity

An initiative to address the vision care needs for those in need.

August 2013 Trip

SOSH Fundraiser

Donor Form

Donor Information

Company: _____

Contact Person: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Donation Information

Description of donation including restrictions (if applicable) and any information needed for necessary arrangements:

\$ _____

Your official gift certificate or prize letter should have a contact name, phone number and expiration date including restrictions (if applicable).

Please mail/email to:

PENNSYLVANIA COLLEGE OF OPTOMETRY

AT SALUS UNIVERSITY

8360 OLD YORK ROAD

ELKINS PARK, PENNSYLVANIA 19027

SOSH@salus.edu

Thank you for your generous donation!

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