

# **TANA FOUNDATION EYE CAMP DATA SHEET**

## Sponsor Information:

Name:	
Phone Number:	
email address:	
Address:	
City:	
State:	
Zip:	

## Payment Information:

Check:	
Visa/MasterCard:	
Pledge:	
Amount:	\$600
Date Paid:	

## Camp Information:

Village / City Name:	
Mandal:	
District:	
Name of Contact #1 in Village:	
Phone # of Contact#1 in Village:	
Name of Contact #2 in Village:	
Phone # of Contact#2 in Village:	
Nearest City #1:	
Distance	
Nearest City #2:	
Distance	
Sponsor Name on Banner:	
In Memory of:	

Please make check payable to '**TANA FOUNDATION**'.

Mail the form and the check to

**Dilip Kuchipudi, 5163 Vincennes Ct, Bloomfield, MI 48302**