HELP FOR TREATMENT

DONATION RECEIPT & SUPPORT FORM

HELP MD. SAZU ISLAM GET URGENT EYE TREATMENT



Beneficiary: Md. Sazu Islam
Location: Gujia, Shibganj, Bogura, Bangladesh
Purpose: Eye examinations, specialist consultations, and treatment as advised by qualified eye specialists.

Fundraising Goal
US $20,000
Treatment outcome depends on medical assessment.

DONOR INFORMATION

Donor Name:		**Date:**	
Address:		**Receipt No.:**	
Phone / Email:		**Country:**	

DONATION DETAILS

Donation Amount:	Currency: _____	**Amount in Words:**	
Payment Method:	■ Cash ■ Bank Transfer ■ Online ■ Other	**Transaction / Reference No.:**	

DONOR MESSAGE

DECLARATION & ACKNOWLEDGEMENT

Thank you for your generosity. Donations will be used toward Md. Sazu Islam's medical evaluation and treatment-related expenses, subject to verification and the advice of qualified medical professionals. Please keep your payment confirmation for your records.

_____ _____

Donor Signature (optional) **Authorized Representative**

Please verify all medical documents, campaign details, and donation channels before making a contribution. This form is a donation record, not a medical guarantee or tax receipt.