***Free gifts for Visual Impaired from Michael Shah Foundation.***

**“Kindness is the language which the deaf can hear and the blind can see.” Mark Twain**

**Fist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name: \_\_\_\_\_\_\_\_\_\_**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Person who is applying for free donation is** [***visually* *impaired***](https://www.google.com.pk/search?rlz=1C1AVNG_enPK689PK689&espv=2&biw=1280&bih=923&q=visually+impaired&spell=1&sa=X&ved=0ahUKEwiOo_Hzia_NAhXTyRoKHWz0AOYQvwUIFigA) **from Birth Or loss his eyes after birth Please Explane in net two lines:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I**[**s your *Disease* recoverable**](https://www.google.com.pk/search?rlz=1C1AVNG_enPK689PK689&q=Is+your+Disease+recoverable&spell=1&sa=X&ved=0ahUKEwim-Z3Xiq_NAhWJrRoKHRygAwEQvwUIGCgA)**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you are not educated Please feel free to Explain why you won’t be able to get education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What you need?

|  |  |  |
| --- | --- | --- |
| **White cane**  | **For one Person** |  |
| **Braille frame** | **For one person** |  |
| **Braille Slate** | **For one person** |  |
| **Sixer braille board** | **For one person** |  |
| **Braille math slate** | **For one person** |  |
| **Bat and Ball** | **Minimum 6 persons in a team** |  |

**Please note that name and copy of National Ideanty cards or birth certificate and copy of disability certificate of your team members is required.**

**What we can do more for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fathers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_ Father's Occupation: \_\_\_\_\_\_\_\_\_\_\_**

**Anyone who applies to donations kindly send attached documents along with your request for.**

**Copy of your CNIC**

**Your disability certificate**

**Your father’s CNIC Copy**

***Feel free to contact us any time***

**Michael Shah foundation New Green town, Chaki wala Main Bazar, Millat road, Faisalabad Pakistan**

**Tel: 0092 41 8816826 Mob: 00923006687948**

**Email:** info@michaelshahfoundation.org

 **Website:** www. michaelshahfoundation.org