

YES! I'D LIKE TO BE A PART OF HELPING THE WORLD SEE!

CHARGE TO CARD: (\$10 MINIMUM)

AMEX VISA MASTERCARD DISCOVER

Card #: _____ Exp Date: _____

A monthly donation in the amount of _____ per month for _____ months
OR

A one-time donation in the amount of _____ in the month of _____

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Email: _____

I give permission for my employer to share this information with OneSight for tax receipt purposes.