



I would like to participate in the 2 by 2 program

I will commit to \$1,000 over the next two years as follows:

- One donation of \$1,000
- Two annual donations of \$500
- Monthly donations of \$_____ up to \$1,000

I can't participate in the 2 by 2 program

Instead, I would like to make the following contribution:

- A single donation of \$
- A regular annual donation of \$ _____
- A regular monthly donation of \$ _____

- Attached is my check made payable to Vision Source Foundation in the amount of \$ _____
- Please send me a receipt

First Name

Last Name

Address

City

State/Province

Zip/Postal Code

Country

Phone

Email

Mail your check with this form to: Vision Source Foundation
ATTN: Sherry Wilson • 23824 Highway 59 North • Kingwood, TX 77339

- Charge my donation to the credit card listed below:

Donation Amount

- One time charge of \$ _____
- Recurring monthly charge of \$ _____ for _____ months

Card Type

- American Express
- MasterCard
- Visa

Card Number

Exp. Date

Security Code

Name on Card

Billing Address

City

State/Province

Zip/Postal Code

Signature

Credit Card Donors: Fax this form to Sherry Wilson at 281-312-1153 or scan and email to SWilson@visionsource.com