



DONATION FORM

YES!

I want to help people around the world transform their lives and their communities.
Please choose one of the giving options listed below.

FIRST NAME

LAST NAME

PHONE

ADDRESS

EMAIL

CITY

STATE

ZIP

OPTION 1

Enclosed is my **MONTHLY GIFT** of:

- \$9 \$17 \$30 \$84 Other \$ _____

99¢ a day could help someone see again!

- Master Card Visa Discover American Express

ACCOUNT NUMBER

EXP. DATE

CVV

SIGNATURE

DATE

Your gifts are tax-deductible to the full extent allowed by law. Authorization to charge your credit card will remain in effect until you notify HelpMeSee that you want to cancel or change your donation information.

OPTION 2

Enclosed is my **ONE TIME GIFT** of:

- \$50 \$100 \$200 \$350 Other \$ _____

- I've enclosed my check payable to HelpMeSee

- I'd like to make a gift by credit or debit card.
(please provide card information below)

- Master Card Visa Discover American Express

ACCOUNT NUMBER

EXP. DATE

CVV

SIGNATURE

DATE

COMMENTS (WE ♥ TO HEAR FROM YOU!)

PAY TO:
HelpMeSee Inc.
20 West 36th Street, Floor 4
New York, NY 10018