

Support Kids' Vision

First Name: _____

Last Name: _____

Address: _____

City, ST Zip _____

Phone Number: (____) _____

Email: _____

Donation amount \$ _____

Enclosed is my donation

Please process my credit card

Billing address: _____

City, ST Zip: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____

I would like to make a re-occurring monthly donation in the amount of \$ _____

* *Reoccurring donations will be processed the first week of every month via credit card

I would like to make this donation on behalf of _____

I would like to make this donation in memory of _____

Please send acknowledgement of this gift to, Name: _____

Address: _____

Forms can be mailed to:

Kids' Vision

355 Portola Valley, Portola Road, CA 94028

You can also donate online at www.kids-vision.org.

For more information please contact us at 408-422-2847