



## Monthly Donation Pledge Program

Please fill out this form to become a member of SEE International's monthly donation program.

Please return this form to:

SEE International  
7200 Hollister Ave., Suite A  
Santa Barbara, CA 93117

### 1. Donor Information:

Title:  Mr.  Mrs.  Ms.  Miss  Dr.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to receive acknowledgement/receipt of your donation? (please check one)

- Monthly Acknowledgement  
 Annual Summary

### 2. Payment Information

I would like to make a monthly pledge of:  \$25  \$50  \$108  \$200  Other \$ \_\_\_\_\_

I would like my donation to support:  International eye expeditions  SBVCP  Other: \_\_\_\_\_

I would like to donate to SEE International by:  Check  Credit card

*If donating by check, SEE will send you a monthly reminder. Please make your check payable to **SEE International***

I authorize SEE International to make a monthly charge of the amount indicated above on my credit card. I understand that I need to contact SEE International for any changes to my monthly donation or to cease this agreement.

Card Type (check one):  Visa  MasterCard  American Express  Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized start date (month/year): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** this transaction will occur on the 15<sup>th</sup> of the month.

**All gifts to SEE International are tax deductible to the extent allowable by law.**

**Thank you for your generous support!**

Tax ID #: 31-1682275