



**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: Curtis Domingue • 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 Curtis Domingue at 281-312-1153**  
 or scan and email to [CDomingue@visionsource.com](mailto:CDomingue@visionsource.com)