***Circle of Vision* Contribution Form**

**DONOR INFORMATION** *(Please print)*

Name:

Mailing Address:

City: State: Zip: Country:

**\_\_\_YES,** I (we) would like to become a member of the Pan-American Ophthalmological Foundation’s *Circle of Vision* by contributing an annual gift of US$ in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_. (minimum donation US$1,000)

Please see our support levels:

\_\_\_$1,000 to $2,499 - Partner Member

\_\_\_$2,500 to $4,999 - Patron Member

\_\_\_$5,000 to $9,999 - Leader Member

\_\_\_$10,000 to $24,999 - Ambassador Member

\_\_\_+$25,000 - Visionary Member

*CIRCLE OF VISION* CONTRIBUTION:

□ My check in the amount of US$ is enclosed. *Please make checks payable to: Pan-American Ophthalmological Foundation (PAOF) and mail to PAOF, 1301 South Bowen Road, Suite 450, Arlington, TX 76013, USA.*

□ Please charge my credit card in the amount of $ .

□ Visa □ MasterCard □ American Express □ Discover Card

□ Installments: I authorize the PAOF to charge my credit card \_\_\_\_\_\_ installments of $ .

(Your contribution must be paid in full by December 31.)

Please indicate a day of the month for the recurring bill (for example, I would like my credit card to be charged on the 5th of each month.) .

Credit card number:

Expiration Date: Security Code:

Authorized Credit Card Signature:

Telephone: Email:

*CIRCLE OF VISION* DONOR RECOGNITION *(acknowledgement on the PAAO website and in PAAO's monthly electronic newsletter, eVision).*

**\_\_\_** Please use the following name(s) in all acknowledgements:

**\_\_\_** I (we) wish to remain anonymous.

*Thank You!*

To USA taxpayers: Your donation to the Pan-American Ophthalmological Foundation (PAOF) is considered a charitable donation. The PAOF is a 501(c)(3) nonprofit organization its tax ID number is 94-2733047.