

Welcome to the
Miracle Thousand
Contribution Program

Please complete all requested information provided in the form to the right by printing clearly in ink.

After completion, please detach and mail or deliver the form to the SLO Noor Foundation at 1428 Phillips Lane, Suite B-4, San Luis Obispo, CA 93401.

The amount you select will be charged directly to your bank account or credit card as a recurring donation to help uninsured SLO County Residents obtain medical, eye, and dental care free of charge.

If you have questions, please call the SLO Noor Foundation at 805-439-1797 or send an email to: slonoorfoundation@gmail.com.

Join us in the quest to help others lead healthier and happier lives.

Thank you!



Providing FREE non-emergency medical, dental, and vision care for uninsured adults regardless of race, ethnicity, religion, immigration or socioeconomic status

Enroll in the Miracle Thousand monthly recurring contribution program to benefit the SLO NOOR CLINIC, a 501(c)3 corporation, EIN 27-1412176. All donations are tax-deductible. **Please complete the form below.**

Free Healthcare for the Uninsured

Full Name _____

Social Security Number _____

Address _____

City _____ State _____ ZIP Code _____

Phone _____ Email _____

Method of payment: Bank Credit Card

I authorize my **BANK:** _____ to deduct \$ _____ each month as a donation to the SLO NOOR FOUNDATION.

Bank Routing # _____ Acct # _____

I authorize my **CREDIT CARD COMPANY:** _____ to deduct \$ _____

Credit Card # _____ - _____ - _____ - _____ Expires ____/____ CVC code: _____

To terminate the deduction, I will make a request in writing to the SLO NOOR FOUNDATION, 1428 Phillips Lane, Suite B-4, San Luis Obispo, CA 93401.

Signature _____ Date _____