

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 drop the form off 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 Clinic 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.



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.

providing *high quality care*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Circle Method of payment: Bank OR Credit Card

I authorize my bank: \_\_\_\_\_ to deduct \$ \_\_\_\_\_ each month as a donation to the SLO NOOR FOUNDATION.

Bank Routing # \_\_\_\_\_ Acct # \_\_\_\_\_

OR

I authorize my credit card company: \_\_\_\_\_ to deduct \$ \_\_\_\_\_ each month as a donation to the SLO NOOR FOUNDATION.

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: \_\_\_\_\_

**Business/Personal Contribution**