

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 give the form to the right to your employer's payroll department. The amount you select will be deducted monthly from your paycheck 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 employee 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

Enrollment form for Employer (Please Print)

Full Name: _____

Social Security Number: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone _____ Email: _____

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