

To make a Bank Transfer or Credit/Debit donation,

please visit our website at

www.newhorizonsfoundation.com

or mail this form back to us at

5550 Tech Center Dr., Ste. 303
Colorado Springs, CO 80919

1) My gift is: ☐ Monthly* ☐ One-Time Amount: \$ _____

** Monthly gifts occur on the 15th of the month*

2) Name of Project: NEW SIGHT EYE CARE

3) **Select One Option:** We accept the following: VISA, MasterCard, Discover, American Express

☐ Credit/Debit Card

Number: _____ Exp Date: _____

Name on card: _____ CVC# _____

☐ Bank Transfer

Routing Number: _____

Acct. Number: _____

Bank Routing Number is 9 digits and between the | : characters

0000 | :123456789 | : 098 7654321

Account Number

Pay to the Order: _____ \$ _____ Dollars

Date: _____

0000 | :123456789 | : 098 7654321



New Horizons
FOUNDATION, INC.

Taking your vision to the world

719-260-1213 • 800-531-4075 Office • 719-266-4604 Fax

Please Complete This Section

*Name: _____

*Address: _____

*City: _____

*State: _____ *Zip: _____

*Email: _____

*Phone: _____

*Signature: _____

* Required field