Lab Partner
Monthly Giving Program Enrollment Form

Name: ____________________________________________________________
Address: __________________________________________________________
City: ______________________________________________________________
State: ______________________ Zip: ______________________
Preferred email address: ____________________________________________
Preferred daytime phone: ____________________________________________
(In case we have a problem with your credit card.)

Yes! I want to become a Lab Partner and make a monthly gift to help Seeding Labs’ scientists discover the cures, develop the seeds, and design the technologies to solve many of our world’s most complex problems. I authorize Seeding Labs to charge the following amount to my credit/debit card each month.

☐ $10  ☐ $25  ☐ $50  ☐ $100  ☐ Other: $________
($10 minimum, please)

Credit/Debit Card Information*

☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover
Card #: ___________________________________________ Expiration Date: ____________
Name on Card: ___________________________________________ Security Code: ____________
Signature: ____________________________________________

* You are welcome to donate by check if this is a one-time gift.

Your gift to Seeding Labs is tax-deductible to the fullest extent of the law. Seeding Labs is a charitable tax-exempt organization under section 501(c)3 of the Internal Revenue Service Code. You will receive a gift receipt totaling your giving at the end of each calendar year. Your account billing statement will serve as a monthly receipt. You may cancel your Lab Partner membership at any time by notifying us in writing. Please return this form to the address below or become a Lab Partner online at donate.seedinglabs.org/labpartners