

Contribution Form

Name (s) _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

This contribution is (check all that apply)

☐ Personal ☐ Business

☐ I prefer to remain anonymous

In Memory of _____

In Honor of _____

Here is my gift of \$ _____ for the Interstate 35 Education Foundation

Will your employer match your gift? ☐ Yes ☐ No

If yes, please include your company name and address

Name _____

Address _____

I would like to give annually to the Foundation. Please send me a reminder each year ☐ Yes ☐ No

Mail to:

Interstate 35 Education Foundation
405 East North Street
PO Box 79
Truro, IA 50257