

# GIVING FORM

## Learning Disabilities Association of Iowa

Please print and complete this form and mail it along with your donation to:

Learning Disabilities Association of Iowa  
5665 Greendale Rd., Ste. D  
Johnston, IA 50131

Be sure to enclose your check or your credit card information.

### DONOR INFORMATION:

<b>Name</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>ZIP</b>	
<b>Phone</b>	
<b>E-mail Address</b>	

### PAYMENT INFORMATION:

<b>Enclosed is my check for:</b>	\$ _____	*Please make checks payable to Learning Disabilities Assoc. of Iowa
<b>Please charge my gift of:</b>	\$ _____	

### REQUIRED CREDIT CARD INFORMATION:

<b>Card Type:</b>	Visa	MasterCard	Discover	American Express
<b>Card Number:</b>				
<b>Expiration Date:</b>	_____/____/____			
<b>CVV2 / CID:</b>	_____ (3 or 4-digit number on back of card)			
<b>Name on Card:</b>				
<b>Zip Code:</b>				
<b>Amount:</b>	\$ _____			
<b>Signature:</b>				

***Thank you for your generosity. We appreciate your support!***

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