

# 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:

Name	
Address	
City	
State	
ZIP	
Phone	
E-mail Address	

### PAYMENT INFORMATION:

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

### REQUIRED CREDIT CARD INFORMATION:

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

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

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