

## **Contribution Form**

710 Gateway Drive Ottumwa, IA 52501 (641)682-8114

Fax: (641) 684-4223

I would like to donate the follo	owing amo	ount: \$		
Please provide the following information				
Please circle your preferred title: Ms.	Mrs.	Mr.	Dr.	None
NAME	PHONE:			
ADDRESS				
CITY				
EMAIL				
SIGNATURE	DATE			
<b>Donationing by check:</b>				
Please make your check payable to the	Tenco Four	ndation.		
<b>Donationing by card</b> :				
□ Visa □ Mastercard □ Discover	□Amer	ican Expre	SS	
☐ Other:				
<b>Card Information</b> :				
CARD NUMBER:				
CARD BILLING ADDRESS				
XP.DATE: 3-1	DIGIT SECURITY CODE (on back of card)			
NAME AS IS APPREARS ON THE CARD				
SIGNATURE:				

All donations to the Tenco Foundation, Inc. are tax deductible if you itemize.

Thank you for partnering with us to help people with disabilities!