



62-4 Iowa State Center
contribution card.

Division _____		RECEIPT 	
Team _____			
Solicitor _____			
Date _____			
IOWA STATE CENTER CAMPAIGN Room 202 Building N Iowa State University Ames, Iowa			IOWA STATE CENTER CAMPAIGN
Total Pledge	To provide funds for the Iowa State Center Campaign and in consideration of the gifts of others I/we subscribe the sum of:		Date _____
Paid herewith	DOLLARS		Name _____
	To be paid \$ _____ QUARTERLY SEMIANNUALLY ANNUALLY I hereby authorize payroll deduction of or as follows \$ _____ per month for 36 months.		Address _____
Payment starts	Signed _____ Class _____		Subscription _____
	Address _____		Paid _____
	Solicitor _____		THANK YOU
MAKE CHECKS PAYABLE TO IOWA STATE UNIVERSITY FOUNDATION			

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5/3/E- CENTER

NEU #'s 03245-03246

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