

Please provide the	following info	rmation to process you	r donation to the NCM	C Found	lation, Inc.
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Address:					
City:			State:	Zip:_	
Email Address:					
Amount of your do	nation: \$		-		
Choose your donation frequency:		 One-time donation Recurring annual donation Recurring monthly donation 			
		od: 🗆 Bank Account			
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Bank Name:					
ABA/Routing N	umber:				
Account Numb	er:				
Name (As it appe	ars on the accoun	t.):			
CREDIT/DEB	BIT CARD INFO	RMATION:			
Card Type:	\Box Visa $^{ extsf{e}}$	□ MasterCard [®]	American Expres	SS®	Discover [®]
	□ JCB	Diners Club	Carte Blanche		
Card Number:			Expires:	Month	/
		nt.):			
Address:					
City:			State:	_ Zip:	
Signature of C	ardholder: (Re	quired for all credit card paymen	ts.)		
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NCMIC Foundation	,				
Mail Stop A3E					
14001 Univers Clive, IA 5032	•				