

Please provide the following information to process your donation to the NCMIC Foundation, Inc.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount of your donation: \$ \_\_\_\_\_

Choose your donation frequency:  One-time donation  Recurring annual donation  
 Recurring monthly donation

Please select your donation method:  Bank Account  Credit/Debit Card  Check enclosed

**BANK ACCOUNT INFORMATION:**

Bank Name: \_\_\_\_\_

ABA/Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name (As it appears on the account.): \_\_\_\_\_

**CREDIT/DEBIT CARD INFORMATION:**

Card Type:  Visa®  MasterCard®  
 American Express®  Discover®

Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Name (As it appears on the account.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

(Required for all credit card payments.)

Please mail your donation to:

NCMIC Foundation, Inc.  
Mail Stop A3E  
14001 University Ave.  
Clive, IA 50325