

Donation Form

Yes	./	I want to suppo	rt Northeast	Iowa Area Age	ency on Agi	ng's efforts to improve th
quality	y of	life for older ad	ults and care	egivers in Nort	heast Iowa	. Enclosed is my donatior
in the	am	ount of:				
		□ \$25	□ \$50	□ \$100	□ \$200	□ Other \$
						ncy donation' in the line above.)
Name	:					
Addre	ss:					
Email:						
Phone	e:					
г						
	Enclosed is my check. Please make checks payable to Northeast Iowa Area Agency on Aging.					
	 Please charge my gift to my: Visa Mastercard AMEX Discover 					
		Card #				
	CVV Code Exp. Date					
		Name on Card				
		Signature				
		Plea		along with your ch		ole) to:
	Northeast Iowa Area Agency on Aging Attn: Donations					
				P.O. Box 107		
				Decorah, IA 52101		

NEI3A is a 501(c)(3) organization. All gifts are tax deductible.