



I would like to contribute to Information, Referral & Assistance Services in the following manner:  
*(check all that apply)*

Please consider me for the IRAS Board of Directors.

I would like to help with a fundraiser.

I would like to contribute financially to the assistance of local families in need.

I would like to leave a lasting legacy to the services of IRAS through my planned giving.  
Please contact me regarding this.

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

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

**City:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*If you are making a financial contribution at this time:*

**Account \$** \_\_\_\_\_

**Check #:** \_\_\_\_\_

If you would like to break your contribution into quarterly payments:

I pledge \$\_\_\_\_\_ to be paid quarterly.

My first payment is enclosed. Please bill me in three months.

**Please complete this form and mail to :**

IRAS  
415 South 3rd St.  
Clinton, Iowa 52732