



‘Wapello County Trails Council’



Celebrating 13 Years 2019 Pledge Form

Name _____

Street Address _____

City _____ *State* _____ *Zip* _____

Telephone # _____ *Pledge Amt:* _____

Method of Payment:

Cash *Check* *Credit* *Will Mail*

Credit/Debit Card # _____

Visa *Master Card* *American Ex* *Discover*

Exact Name on Card: _____

Address on Card: _____

Expiration Date: _____



RECEIPT FOR DONATION – *Retain For Your Records*
 WAPELLO COUNTY TRAILS COUNCIL, INC.
 P.O. Box 121, Ottumwa, Iowa 52501



Not-For Profit 501(C)(3) Employer ID # 20-8195837
You May Deduct Your Contribution Under Section 170 of the IRS Code

(NAME/BUSINESS) _____
 HAS CONTRIBUTED \$ _____ To the Wapello County Trails Council on **(DATE)** _____.

THANK YOU FOR YOUR CONTRIBUTION!