

# *ISDS Foundation*

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## **A Case Today Secures Tomorrow Payment Form**

Please complete and return to:

ISDS Foundation  
1010 So. Second Street P.O. Box 376  
Springfield, IL 62705

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### **Method of Payment**

Enclosed is my check of \$ \_\_\_\_\_

Please charge my credit card \$ \_\_\_\_\_

Visa       MasterCard       American Express

Credit card number: \_\_\_\_\_

3-digit Security Code \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Credit card billing address (If different from above)**

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I would like to be recognized in Foundation publications for my gift.

I would prefer to remain anonymous.