INDIANAPOLIS INFORMATION SERVICES

INDIANAPOLIS INFORMATION SERVICES CONTRIBUTION FORM CONTRIBUTION FORM

GROUP NAME:		GROUP NAME:	
GROUP #		GROUP #	
GROUP TREASURER:(Name & Phone Number)		GROUP TREASURER:(Name & Phone Number)	
EMAIL ADDRESS (Optional)		EMAIL ADDRESS (Optional)	
CONTRIBUTION AMOUNT: \$		CONTRIBUTION AMOUNT: \$	
Make checks Payable to: Indianapolis Information Services		Make checks Payable to: Indianapolis Information Services	
Please mail your check along with this contribution form to:		Please mail your check along with this contribution form to:	
MAIL TO:	Indianapolis Information Services 4627 N. Carvel Ave. Indianapolis, IN 46205	MAIL TO: Indianapolis Information Services 4627 N. Carvel Ave. Indianapolis, IN 46205	
Thank you for your contribution!!! 65		Thank you for your contribution!!! 🤤	