



Hearing Improvement Kids Endowment

FOR GENERAL DONATIONS FROM INDIVIDUALS OR GROUPS

Use Incentive Order Form for Daughter credits

AMOUNT OF DONATION: _____

NAME: _____

ACKNOWLEDGEMENT TO BE SENT TO: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

Return this form to the HIKE Secretary along with a
check payable to "The HIKE Fund, Inc."

DO NOT SEND CASH.

**HIKE Secretary
530 Elliott St.
Council Bluffs, IA 51503-0202**

If you have questions, please contact HIKE Secretary
at (712) 325-0812 or executivesecretary@thehikefund.org



Hearing Improvement Kids Endowment

FOR MEMORIAL OR HONORARY DONATIONS

Use Incentive Order Form for Daughter credits

AMOUNT OF DONATION: _____

IN MEMORY OF

IN HONOR OF

NAME OF HONOREE: _____

ADDRESS OF HONOREE/FAMILY: _____

CITY: _____ STATE/PROVINCE: _____ ZIP: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____



DONOR'S NAME: _____

DONOR'S ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

Return this form to the HIKE Secretary along with a check

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