

Name:			
Address:			
City:	State:	Zip:	
Country:			
Email:			
Telephone:			
I would like to contribute to:			
☐ The national ministry of ISI			
☐ ISI Staff Member (name):			
☐ Other (please specify):			
Total Amount: \$			
Comments or special instructions:			
Please send this form along with your che	eck to:		
ISI Attn: Donor Services			
P.O. Box C Colorado Springs, CO 80901			
Colorado opringo, CO 00701			

If you have any questions and would like to speak with someone at ISI about giving, or if you would like to make your gift over the telephone, please call (800) 474-8628.