

# NACS® Interchange Action Fund 2016 Corporate Contribution Form

## STEP 1: CONTRIBUTOR INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Interchange Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

## STEP 2: CALCULATE YOUR CONTRIBUTION (select one)

<b>\$250 Per Store</b>		<b>Fixed Amount</b>
Store Count _____		
<b>x \$250</b>	<b>OR</b>	
\$ _____		\$ _____

## STEP 3: MAKE CHECK PAYABLE TO (credit cards not accepted):

"NACS Interchange Action Fund"

## STEP 4: SEND YOUR CONTRIBUTION ALONG WITH COPY OF THIS FORM TO:

NACS  
1600 Duke Street, #700  
Alexandria, VA 22314

**Thank you for your contribution to the NACS Interchange Action Fund.**