

NEWTON PROMISE INVESTMENT FORM

THANK YOU FOR YOUR INTEREST IN INVESTING IN THE NEWTON PROMISE. PLEASE FILL OUT THE INFORMATION BELOW AND A SUPPORTER OF THE NEWTON PROMISE WILL CONTACT YOU ABOUT YOUR DESIRE TO INVEST IN THE PROGRAM.

INVESTOR INFORMATION (PLEASE PRINT OR TYPE)

NAME _____

BILLING ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

TELEPHONE (HOME) _____

TELEPHONE (BUSINESS) _____

FAX _____

E-MAIL _____

ACKNOWLEDGEMENT INFORMATION

PLEASE USE THE FOLLOWING NAME(S) IN ALL ACKNOWLEDGEMENTS:

I (WE) WISH TO HAVE OUR INVESTMENT REMAIN ANONYMOUS.

SIGNATURE(S) _____

DATE _____

PLEASE PRINT AND RETURN/FAX COMPLETED FORM TO:
NEWTON DEVELOPMENT CORPORATION
113 1ST AVENUE WEST
NEWTON, IOWA 50208
FAX: 641-787-7314