VOUCHER

ICS TRIP

Ireton Christian School
Tuition Reduction Incentive Program
104 5th Street, Ireton, Ia 51027
712-278-2245

ICS TRIP participant (please fill in name before giving to cashier)

Name: _____

Cashier (please complete for store manager and retain this voucher)

Date: _____ Total Purchase: _____ Cashier Initials: _____

Merchant: Orange City Dentistry, Orange City

Participant- Keep this portion for your records. *Record the information below. Report it to the TRIP Coordinator to credit you TRIP account.*

Name:

Date:

Total Purchase:
Orange City Dentistry, Orange City

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