



**ICNA COUNCIL FOR
SOCIAL JUSTICE**
ADVOCATING JUSTICE FOR ALL

Donation & Pledge Form

www.icnacsj.org

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Tel: (_____) _____ - _____

CHOOSE ONE

I want to give a **TOTAL** of \$ _____

Now

Over a period of _____ years, _____ month(s)*

*I will be charged \$ _____ , _____ . _____ per month

Later, I will pay by _____ / _____ / _____

CREDIT CARD

I want to pay with credit card (check one):

Card type: Visa _____ MasterCard _____ Discover _____ American Express _____

CC#: _____

Security Code: _____ Expiration Date: _____ / _____

Signature: _____

CHECK

I want to pay by check

Please make checks payable to **ICNA Foundation for Social Justice**.

Your donation is tax deductible (Tax ID: 80-0508709)

If **paying later**, send donations to:

ICNA CSJ
1604 Spring Hill Rd., Suite 214
Vienna, VA 22182