



Donation & Pledge Form

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 Council for Social Justice**.
Your donation is tax deductible (**Tax ID: 80-0508709**)

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

ICNA Council for Social Justice
P.O. Box 8411, Reston, VA 20195