



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: _____

_____ **OTHER WAYS** _____

www.icnacsj.org/donate | Zelle: info@icnacsj.org | Check: Make 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.*

