



Pledge Form

Jim Price
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I would like to contribute to the ICCFA Educational Foundation a total of \$_____.

I would like to make a payment(s) with my/our credit card.

Check one: MasterCard Discover Visa American Express

Name on Card: _____

Card #: _____

Exp. _____

Card Billing Address: _____

City: _____

State: _____

Zip: _____

My payment of \$ _____ is enclosed.

Please make check payable to: ICCFA EDUCATIONAL FOUNDATION.

The following is the manner in which my/my company's name is authorized to appear on any official/public ICCFA Educational Foundation recognition:

Name: _____

Or, list my/our gift:

In Memory of:

In Honor of:

Please do not list my name as I/we wish to remain anonymous.

Signature: _____

Date: _____

Your Name (please print): _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Daytime Phone: _____

The ICCFA Educational Foundation is classified by the Internal Revenue Service as a tax-exempt 501(c)3 organization. Contributions may be itemized to be deductible on the donor's tax return.