



## Pledge Contribution Form

### Donor Information

- Name:
  - Company/Organization:
  - Address:
  - City/State/ZIP:
  - Phone:
  - Email:
- 

### Pledge Information

- Total Pledge Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_
- 

### Payment Method

#### ☐ Credit Card

**Card Type:** ☐ Visa ☐ MasterCard ☐ American Express

- Name on Card:
- Card Number:
- Expiration Date (MM/YY): \_\_\_\_\_ CVV: \_\_\_\_\_
- Billing ZIP Code: \_\_\_\_\_

**Authorization:** I authorize the ICCFA Educational Foundation to charge my credit card for the pledge amount above.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### ☐ Check

If paying by check, please make it payable to: **ICCFA Educational Foundation**

---

**Thank you for supporting the ICCFA Educational Foundation!**

Your contribution helps advance education, training, and professional development across our profession.

Please email your completed form to Kirsten Kase at [kase@iccfa.com](mailto:kase@iccfa.com)

*The ICCFA Educational Foundation is a nonprofit 501(c)(3) organization, classified as a public charity under Section 509(a)(3) of the Internal Revenue Code. No goods or services are provided in exchange for donations. Contributions are tax-deductible to the extent allowed by law.*

**ICCFA Educational Foundation | 107 Carpenter Dr, Ste 100 | Sterling, VA 20164-4468 | 800.645.7700**