



ICBC PLEDGE FORM

Donor Information		
First Name:		Middle Initial:
Last Name:		
Billing Address:		
Telephone:		
E-Mail:		

Pledge Information

I support ICBC and pledge a donation of
 \$500 \$1,000 \$2,500 \$5,000 \$10,000 Other: \$ _____
 Every Month One Time
 Starting on _____ (MM/YY) to _____ (MM/YY).

Payment Type

Cash Check Credit Card ACH ICBC Website

Donation by Credit Card

Credit Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER	Expiration Date:
Credit Card Number:		CCV:
Authorized Signature:		Today's Date:

Recurring Donation by ACH (Please attach a void check)

Authorized Signature:		Today's Date:
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ICBC is a 501(c)(3) non-profit (EIN 22-3970054) organization.
 Your donations are tax-deductible.



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