ID# _____ Date: _____

Name: _____
Address: _____
Phone: _____
Email: _____

Donation to ICMA's Future of Professional Management Fund

Make a Gift

☐ I have enclosed a check made out to ICMA in the amount of $_____

☐ I am paying via credit card. Circle one: Visa Mastercard American Express

Name on the Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____

Establish a Pledge

(Note: all pledges require a credit card that will be charged automatically according to the schedule chosen below)

I would like to establish a total pledge of $_____ to support the Future of Professional Management to be paid:

Circle one: Annually Quarterly Monthly

Start my pledge on: _____(Month/Day/Year)

Circle one: Visa Mastercard American Express

Name on the Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____

Mail or Fax Contribution to:
ICMA Future of Professional Management
PO Box 79403
Baltimore, MD 21279-0403
Fax: 202-962-3678

Questions? Contact ICMA Staff at 202-962-3697 or fund@icma.org