

## PLEDGE AGREEMENT

I/We pledge to provide a total gift of \$\_\_\_\_\_\_ to the IFA Foundation. The Pledge should be recorded in the name of the company, individual, foundation or organization listed below as "Donor".

Please print: Donor:	
Address:	
City/State/Zip	
Email:	Phone
	Designated Gift: Unrestricted Gift Full Payment is enclosed I/we plan to provide payments according to the following schedule:
AMOL \$	INT DATE
\$ \$ \$	

The IFA Foundation is a Section 501(c)(3) tax-exempt organization. The Foundation is supported through the generous contributions of IFA members and others. Contributions are tax-deductible to the extent allowable by law.

By:	
-	(Signature)
Name	
Title	
Date	

Please make checks payable to: **IFA Foundation** 

Scan and email to <u>cmensinger@franchise.org</u>, or mail this form and check to: IFA Foundation 1900 K Street, NW, Suite 700 Washington, DC 20006

For IFA Staff Use Only:
Pledge received: (date)