



## Ticktocker Inspire Innovation Fund Pledge Form

I pledge to contribute the total sum of \$ \_\_\_\_\_

My pledge will be paid in one payment on or before \_\_\_\_\_

My pledge will be paid in \_\_\_\_\_ payments beginning \_\_\_\_\_ and continuing on a  
 monthly  semi-annual  annual basis until fully paid (Gifts will be accepted through 12/31/2025)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make my gift;

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

I wish to remain anonymous

For recognition purposes, I would like my name listed as \_\_\_\_\_

I do not wish to be listed on the NCL, Inc. website

My first installment payment is enclosed. (Checks should be made payable to National Charity League, Inc.)  
P.O. Box 60272  
Irvine, CA 92602

I would like a credit card automatically charged for the payments as described above

VISA  MasterCard  American Express  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

### **CONTACT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_ Home/Cell

Preferred E-mail \_\_\_\_\_

Contributions to National Charity League, Inc. may be deemed charitable under section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3). Please consult your accountant for any clarifications. No goods or services will be received in exchange for this gift.

Phone: 714-966-1005

Inspireinnovationfund@nconline.org