



Please mail this form and your payment to:
The Literacy Council
982 N. Main St.
Rockford, IL 61103

Enclosed is my gift of \$ _____.

I want to make a total pledge of \$ _____.

I will pay the pledge: monthly quarterly annually

Check Enclosed

Or Charge: Visa MasterCard Discover Card

Name of Cardholder: _____

Card Number: _____

Donor(s) _____

Address: _____

City/State/Zip: _____

Email: _____

Your donation may be in recognition or remembrance.

In honor of _____

In memory of _____

Please send acknowledgement to:

Name: _____

Address: _____

City/State/Zip: _____

We thank you for your support

The Literacy Council is a non-profit community based agency serving Northern Illinois. The agency is a tax-exempt organization under section 501(c)3 of the Internal Revenue Code and donations are tax deductible to the extent permitted by law.

