



AFP Now! 2013

Campaign Pledge Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BILLING PHONE: _____

EMAIL: _____

Attached is my one-time gift of \$ _____

I wish to make a pledge of \$ _____

to be paid in _____ **payments of \$** _____

beginning date: _____

Please send me reminders for my pledge in the following circled months:
Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

I choose to pay my gift/pledge as follows:

Through my check made payable to Greater Dallas Chapter – AFP

OR

Through my credit card (Visa, Mastercard or American Express):

CARD NUMBER: _____

EXP. DATE: _____ SEC. CODE: _____

SIGNATURE: _____

DATE: _____

Gifts to the Chapter/Foundation are tax-deductible to the fullest extent of the law. No goods or services are provided in consideration of a gift. Please mail, fax or e-mail your completed gift/pledge form to: Greater Dallas Chapter of AFP – 14070 Proton Rd. Suite 100. LB9 – Dallas, TX 75244-3601 Fax: 972-490-4219
afpchapteroffice@afpdallas.org