

AFP Now! 2015

Campaign Pledge Form

NAME:
BILLING ADDRESS:
CITY: STATE: ZIP:
BILLING PHONE:
EMAIL:
I wish to make a pledge of \$
 As a one-time gift of \$, paid by: check, enclosed, payable to Greater Dallas AFP credit card info below
Paid in payments of \$, charged to my Visa, MasterCard or AmEx card in the months circled below
□ Mar □ Apr □ May □ Jun □ Jul □ Aug □ Sep □ Oct □ Nov □ Dec
After you've filled out and saved this form using your computer, for security purposes we urge you NOT to email this interactive PDF with your credit card number on it back to us. Instead, please snail mail, fax to 972-490-4219, or print out and scan before sending with your credit card information.
CARD NUMBER:
EXPIRATION DATE: 3 OR 4 DIGIT SECURITY CODE:
SIGNATURE:
DATE:
Gifts to the Greater Dallas AFP in support of its educational mission 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 email your completed gift/pledge form to:

Greater Dallas Chapter AFP 14070 Proton Rd. Suite 100, LB9 Dallas, TX 75244-3601 FAX 972-490-4219 afpchapteroffice@afpdallas.org