



AFP Now! 2019

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

- Please repeat my 2018 pledge payment(s) by credit card for 2019.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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
Dallas, TX 75244-3601
FAX 972-490-4219
afpchapteroffice@afpdallas.org