



AFP Now! 2022 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 2021 pledge payment(s) by credit card for 2022.

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

CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____ CARD ZIP 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:**

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