



# AFP Now! 2017

## 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 pledge payment(s) by credit card for 2017.

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, LB9  
Dallas, TX 75244-3601  
FAX 972-490-4219  
afpchapteroffice@afpdallas.org