



AFP Now! 2016

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:**

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