



2018 Advocacy Campaign Pledge Form

We will acknowledge receipt of your form by email. Please return pledge form to advocacy@naftz.org. This is a restricted pledge.

In support of _____, I/we pledge and promise to pay _____ the total sum of \$_____ to be paid as follows:

\$_____ on _____

\$_____ on _____

\$_____ on _____

\$_____ on _____

\$_____ on _____

Donate anonymously (check off if you don't wish to receive public recognition for your contribution)

SECTION 1

DONOR INFORMATION

Name: _____

Company Name: _____

Email (s): _____

Business Address: _____

City/State/Zip: _____

SECTION 2
PAYMENT

Payment Type:

Check Enclosed (Payable to NAFTAZ) Visa Mastercard AMEX Discover

Cardholder Name: _____

Credit Card Account#: _____ Security Code: _____

Expiration Date: _____ Zip Code of Billing Address: _____

Signature: _____