

**DONOR INFORMATION:**

<b>Contact Name:</b>	
<b>System Name:</b>	
<b>City, State, Zip:</b>	
<b>Email:</b>	
<b>Phone:</b>	

**OPTION 1: 2020 PLEDGE INFORMATION FOR SYSTEMS MAKING DIRECT PAYMENT TO THE APGARF**

Our System pledges a 2020 contribution to APGARF of \$ _____ to be paid:  <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>Quarterly</b> <input type="checkbox"/> <b>Annually</b>	Our System plans to make this payment(s) to APGARF in the form of:  <input type="checkbox"/> <b>Check</b> <input type="checkbox"/> <b>Wire Transfer</b>
--	---

**OPTION 2: 2020 PLEDGE INFORMATION FOR SYSTEMS CONTRIBUTING TO THE APGARF THROUGH YOUR GAS SUPPLIER/MARKETER**

Name of Gas Supplier/Marketer: \_\_\_\_\_

Our System pledges a 2020 contribution to APGARF to be paid through our Gas Supplier/Marketer. The contribution will be \$ _____ or an amount determined by a volumetric adder of \$0. ____ cents per Dth of flow  <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>Quarterly</b> <input type="checkbox"/> <b>Annually</b>	Our Gas Supplier/Marketer plans to make this payment(s) to APGARF in the form of:  <input type="checkbox"/> <b>Check</b> <input type="checkbox"/> <b>Wire Transfer</b>
---	--

**OPTION 3: 2020-2023 PROSPECTIVE PLEDGES**

<input type="checkbox"/> <b>OPTION 1: Direct payment to RF</b> 2020 _____ 2021 _____ 2022 _____ 2023 _____	<input type="checkbox"/> <b>OPTION 2: Payment through gas supplier</b> 2020 _____ 2021 _____ 2022 _____ 2023 _____
--	--

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks payable to "APGA Research Foundation" and mail or fax to:**  
 APGA Research Foundation | 201 Massachusetts Avenue NE, Suite C-4 | Washington, DC 20002  
 Phone: 202-464-2742 | Fax: 202-464-0246  
 Contacts: Todd Brady ([tbrady@apga.org](mailto:tbrady@apga.org)) | Sheila Deringis ([sderingis@apga.org](mailto:sderingis@apga.org))