



## **Chapter Member Commitment** **Operations or Scholarship Fund**

I am happy to support the work of the AFP Greater Arizona Chapter with the following gift:

\_\_\_\_ Yes, for a gift for the Chapter's Operations. \$ \_\_\_\_\_

\_\_\_\_ Gifted: My gift is enclosed.

\_\_\_\_ Pledged: Payable in the following manner: \_\_\_\_\_

\_\_\_\_ Yes, for the Chapter's Scholarship Fund \$ \_\_\_\_\_

\_\_\_\_ Gifted: My gift is enclosed.

\_\_\_\_ Pledged: Payable in the following manner: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

**You may call us at (480) 947-3459 to make your pledge with credit card by phone or use one of the methods below:**

\_\_\_\_ Enclosed is my check payable to the AFP Greater Arizona Chapter .

\_\_\_\_ Please charge my credit card      \_\_\_\_ Mastercard      \_\_\_\_ Visa      \_\_\_\_ Am. Express

Credit Card No \_\_\_\_\_

Exp. Date \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Please complete the form, enclose your check or credit card information and fax, mail or email to:

**AFP Greater Arizona Chapter**  
**7375 E. 6<sup>th</sup> Avenue, #9 Scottsdale, AZ 85251**  
**Phone: 480-947-3459 Fax: 480-990-1889**  
**Email: admin@afpaz.org**