

DONOR INFORMATION:

Contact Name:	
System Name:	
City, State, Zip:	
Email:	
Phone:	

OPTION 1: 2017 PLEDGE INFORMATION FOR SYSTEMS MAKING DIRECT PAYMENT TO THE APGARF

Our System pledges a 2017 contribution to APGARF of \$ _____ to be paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	Our System plans to make this payment(s) to APGARF in the form of: <input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer
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OPTION 2: 2017 PLEDGE INFORMATION FOR SYSTEMS CONTRIBUTING TO THE APGARF THROUGH YOUR GAS SUPPLIER/MARKETER

Name of Gas Supplier/Marketer: _____

Our System pledges a 2017 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"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	Our Gas Supplier/Marketer plans to make this payment(s) to APGARF in the form of: <input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer
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OPTION 3: 2017-2020 PROSPECTIVE PLEDGES

<input type="checkbox"/> OPTION 1: Direct payment to RF 2017 _____ 2018 _____ 2019 _____ 2020 _____	<input type="checkbox"/> OPTION 2: Payment through gas supplier 2017 _____ 2018 _____ 2019 _____ 2020 _____
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Signature: _____ Date: _____

Please 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: Scott Morrison (smorrison@apga.org) | Sheila Deringis (sderingis@apga.org)