



**Education
Foundation**

EMPOWERING THE RURAL
PROPERTY PROFESSION

Pledge Form

Donor Information (Please print or type)

Name _____

Address _____

City, State, Zip Code _____

Phone _____

Email _____

Pledge Information

I pledge a total of \$ _____ to be paid: **Now, one-time gift**

I pledge to donate \$ _____ to be paid: **Monthly** **Quarterly** **Annually**

I plan to make this contribution in the form of: **Check** **Credit Card**

Credit Card Information

American Express Discover MasterCard Visa

Card No. _____

Expiration Date _____ Security Code _____

Billing Zip Code _____

Name (as it appears on card) _____

Signature _____

Please make checks payable to: Education Foundation of ASFMRA
720 S. Colorado Blvd.; Suite 360-S
Glendale, CO 80246