



2019 PLEDGE OF SUPPORT FORM

DONOR INFORMATION

Name _____
 Title _____
 Company _____
 Address _____
 City / State / ZIP _____
 Phone _____
 Email _____

GIFT AMOUNT

My gift of \$ _____ to the Texas Apartment Association Education Foundation will be paid by the following method:

- Check enclosed for the full amount (please make payable to TAAEF)
- Please bill me as follows:
 - One invoice for the full amount or
 - \$ _____ each year for _____ years (limit of five years)
- Please charge the card below for:
 - The full amount or
 - Annually at \$ _____ a year for _____ years (limit of five years)
 - Visa MasterCard American Express
 - Card number _____ Expiration date _____
 - Card code (three-digit number on the back of your corporate Mastercard or Visa or four-digit number on the front of your American Express) _____

Billing address: same as above or _____
 City / State / ZIP _____
 Print name on card _____
 Signature _____

RECOGNITION

Please print name(s) or corporate entity(s) as you prefer to be recognized _____

- I/we prefer to remain anonymous

TAAEF does not provide goods or services in return for your contribution that would limit the tax deductibility of your contribution.

QUESTIONS?

Please contact Becca Ramati at [512-479-6252](tel:512-479-6252) or becca@taa.org.