

2018 Pledge of Support

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 the 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 or becca@taa.org.