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RMC Research & Education Foundation Pledge Form

I am proud to announce a pledge to the RMC Research & Education Foundation. This pledge is:

Personal – Name: _____

Corporate – Name of Company: _____

This pledge of \$ _____ will be paid over _____ years.

Signature: _____ Date: _____

Billing Information:

I would like to be billed Annually/One-Time Payment (*please circle one*) beginning in the month of _____, 20_____. I understand that the payments will be divided as appropriate.

I would like you to automatically charge my VISA/MasterCard/American Express (*please circle one*) credit card in the amount of \$ _____ every _____ (*please indicate month*).

Card #: _____ Exp. Date: _____ Security Code: _____

Authorized Signature: _____

Contact Information:

Name of Contact: _____

Title (if pledge is corporate): _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Please designate my pledge as "Anonymous" so my name/company name is NOT listed as a contributor on any RMC Research & Education Foundation literature. (*If this box is NOT checked, we will include your name/company name in our literature*)

Please return to the RMC Research & Education Foundation
c/o Heather Houck
900 Spring Street, Silver Spring, MD 20910
Fax: 301-565-8200