



A STRONG 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 credit card in the amount of \$ _____ every _____ (please indicate month).

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

Authorized Signature: _____

We accept Visa, Mastercard, American Express, and Discover.

CONTACT INFORMATION:

Name of Contact: _____

Title (if pledge is corporate): _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Personal Contribution Billing Address (if different from above): _____

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
900 Spring Street, Silver Spring, MD 20910
Fax: 301-565-8200/Email: jgarbini@rmc-foundation.org
Federal Tax ID: 52-1680963