



A STRONG FOUNDATION

PLEDGE FORM

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

Personal - Name: _____

Corporate - Company Name: _____

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 you want your card charged each year).

Monthly payments may also be arranged.

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: _____

Email: _____

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 in our literature.