



NARPM® Advocacy Fund Investment Card

I understand the need to support the ongoing advocacy efforts of NARPM®.

Enclosed is my voluntary personal contribution of:

Fair Share	100 Club	Investor	Capitol Contributor	Major Investor
<input type="checkbox"/> \$25+	<input type="checkbox"/> \$100+	<input type="checkbox"/> \$250+	<input type="checkbox"/> \$500+	<input type="checkbox"/> \$1,000+



Cash Investment.

Corporate or Personal Check Enclosed. (Please make checks payable to NARPM®.)

I would like to pay with my Corporate or Personal Credit Card in the following amount: \$_____.
Credit Card _____ Exp. Date _____ Sec. Code _____

I would like to pay my investment of: \$_____ in equal monthly amounts over the months remaining in the current calendar year with my **Corporate or Personal Credit Card***. Note: Payments will be processed between the 15th and 25th of each month.

Credit Card # _____ Exp. Date _____ Sec. Code _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ EMAIL: _____

Mail checks to: NARPM®, 1403 Greenbrier Parkway, Suite 150, Chesapeake, VA 23320

Email completed form with credit card payment information to: info@narpm.org