



## NARPM® Advocacy Fund Investment Card

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

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Enclosed is my voluntary personal contribution of:

Fair Share	100 Club	Investor	Capitol Contributor	Major Investor
____ \$25+	____ \$100+	____ \$250+	____ \$500+	____ \$1,000+

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\_\_\_\_\_ 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 \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Mail checks to:** NARPM®, 638 Independence Parkway, Suite 100, Chesapeake, VA 23320

**Email completed form with credit card payment information to:** [info@narpm.org](mailto:info@narpm.org)