



## 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
<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](mailto:info@narpm.org)