



# JOINT PUBLIC POLICY TASK FORCE

A PARTNERSHIP OF THE  
ACADEMY OF FLORIDA ELDER LAW ATTORNEYS  
AND THE ELDER LAW SECTION OF THE FLORIDA BAR



## 2020 PLEDGE FORM

All pledges will be on a calendar year and must be fulfilled or be terminated as of December 31 annually, unless you choose to automatically renew each year. Pledges made December 1st or after will be applied starting at the beginning of the following calendar year.

- List this pledge under a firm name  
Please write the names of participating attorneys below. A minimum of \$500 per attorney must be committed. (i.e. if 3 attorneys are listed, the firm must contribute a minimum of \$1500)
- List this pledge under an individual attorney's name.

Firm/company or Individual Name: \_\_\_\_\_

If company pledge, please list attorneys: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRIBUTION LEVELS

- |  |                  |                         |
|--|------------------|-------------------------|
| <input type="checkbox"/> Level 1: Friend     | \$500 and above  | Amount pledged \$ _____ |
| <input type="checkbox"/> Level 2: Sponsor    | \$750 and above  | Amount pledged \$ _____ |
| <input type="checkbox"/> Level 3: Patron     | \$1500 and above | Amount pledged \$ _____ |
| <input type="checkbox"/> Level 4: Founder    | \$2500 and above | Amount pledged \$ _____ |
| <input type="checkbox"/> Level 5: Benefactor | \$5000 and above | Amount pledged \$ _____ |

- Please automatically renew my pledge each year until I notify you otherwise.
- Please contact me with pledge status updates via:  E-mail or  Phone or  Regular mail  
(Please check your communication preference above. The Task Force encourages economical e-mail communication to make the most of your contribution.)

**Make checks payable to "AFELA Legislative Fund" or provide your credit card information below.**

I will pay via installments (No checks; Credit Cards only):  Quarterly or  Monthly

I will pay the amount in full (Checks or Credit Cards)

MasterCard  Visa  American Express

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ Signature: \_\_\_\_\_

CVV Code: \_\_\_\_\_ CVV codes are 3 digit codes on back of V/MC and 4 digit codes on front of AmEx

**Please return your completed Pledge Form via email to [jennifer@afela.org](mailto:jennifer@afela.org)  
or mail to: Academy of Florida Elder Law Attorneys, 3380 Barrow Hill Trail, Tallahassee, FL 32312**