



JOINT PUBLIC POLICY TASK FORCE

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



2021 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
or mail to: Academy of Florida Elder Law Attorneys, 3380 Barrow Hill Trail, Tallahassee, FL 32312