2023 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’s name.

**Firm/company or Individual Name:** __________________________________________________________

If company pledge, please list individual members:______________________________________________

________________________________________________________

**Address:** _____________________________________________________________________________

**City/State/Zip:** ________________________________________________________________________

**Phone:** ___________________  **Fax:** ___________________  **Email:** ____________________________

---

**Contribution Levels**

- Level 1: Friend  $500 and above  **Amount pledged $__________**
- Level 2: Sponsor  $750 and above  **Amount pledged $__________**
- Level 3: Patron  $1500 and above  **Amount pledged $__________**
- Level 4: Founder  $2500 and above  **Amount pledged $__________**
- 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