



# JOINT PUBLIC POLICY TASK FORCE

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



## 2025 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

- |  |                  |                         |
|--|------------------|-------------------------|
| <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**