



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
or mail to: Academy of Florida Elder Law Attorneys, PO Box 635, Palm Harbor, FL 34682**