



2008 NFA-PAC PLEDGE FORM

Franchisee Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

E-mail Address: _____ FRANCHISEE ASSOCIATION: _____



Membership Level

_____ Platinum*	\$5,000
_____ Emerald*	\$2,500
_____ Gold	\$1,000
_____ Silver	\$500
_____ Bronze	\$250
_____ Other	_____

* Platinum and Emerald Members are offered the option of paying in four equal installments when paying with a personal Credit Card option. Initial here to authorize the quarterly credit card payment option. _____



Payment Options

_____ Personal Check

_____ Personal Credit Card

Card Type: ___ Visa ___ MC ___ Am Exp

Account Number: _____

Expiration Date: _____

Signature: _____ Date: _____

Name and zip code as it appears on your credit card: _____

Federal Election Commission rules require that payments to the NFA-PAC be made from *personal funds* (including LLP's, LLC's and sole proprietor). Corporate contributions are not allowed. Contributing member must be a U.S. citizen. By signing below, you acknowledge that your PAC membership payment is being made from personal funds.

Signature: _____ Date: _____

Please mail your completed Pledge Form and payment to: 1201 Roberts Boulevard, Suite 100, Kennesaw, GA 30144.

If you are paying by credit card, please fax your completed Pledge Form to 678-797-5170.