



Advocacy Campaign Pledge Form

Donor Information (please print or type)

Name _____
Billing address _____
City, ST Zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

I (we) pledge a TOTAL of \$ _____

I (we) plan to pay: now monthly quarterly other _____

I (we) plan to make this contribution in the form of: cash check credit card other _____

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

American Society of Landscape Architects, Illinois
Chapter
P.O. Box 4566
Oak Brook, IL 60522

Donations to lobbying efforts are not tax exempt. Consult with your tax advisor for more information.