

**PLEDGE  
CARD**

**MSAPAC**



# MAKE A DIFFERENCE!

Join Online at  
**MSAPAC.org**

**YES, I support MSAPAC with my annual pledge of:**

- \_\_\_\_\_ \$ (over \$120) Platinum Member
- \_\_\_\_\_ \$ 120 Gold Member
- \_\_\_\_\_ \$ 100 Silver Member
- \_\_\_\_\_ \$ 50 Bronze Member
- \_\_\_\_\_ \$ 30 Basic Member
- \_\_\_\_\_ \$ Other (must be greater than \$30)

- This is a one-time contribution
- I prefer monthly installments

Name \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

District \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**SEE BACK FOR PAYMENT OPTIONS**

## MSAPAC PAYMENT OPTIONS

- \_\_\_\_\_ Attached is payment in full (Must be personal check.)
- \_\_\_\_\_ I wish to be billed for this amount.
- \_\_\_\_\_ I would like to charge my personal VISA/MasterCard  
Card Number \_\_\_\_\_  
Exp Month \_\_\_\_\_ Exp Year \_\_\_\_\_
- \_\_\_\_\_ My district provides a payroll deduction option for MSAPAC and  
I would like to contribute using this option.
- \_\_\_\_\_ Bank Draft  
Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Routing Number \_\_\_\_\_  
 Checking Account       Savings Account
- I authorize MSAPAC to electronically withdraw the following amount.  
\$ \_\_\_\_\_ shall be drawn or about the 15th of every month starting with \_\_\_\_\_  
and ending in \_\_\_\_\_.



\_\_\_\_\_  
*Contributor Signature Required*

\_\_\_\_\_  
*Date*

Join Online at  
**MSAPAC.org**

**Please Return This  
Card To:**

**MSAPAC  
3550 Amazonas Drive  
Jefferson City, MO  
65109-5716  
FAX: 573-556-6270**

**Questions?  
Call 573-638-2692**