



75th Anniversary Circle
Pledge Fulfillment Options

Name: _____ AOA#: _____

Total Pledge: \$ _____

Please select one of the following options regarding your pledge:

1. ☐ I would like to pay my entire pledge in full

2. ☐ Please charge my credit card on the following schedule:

Amount to Charge: _____ every _____ months until pledge fulfilled.

Card Number _____ ☐MC ☐Visa ☐AmEx

Expiration Date _____ / _____ Security Code: _____

Billing

Address: _____

_____ Zip Code _____

Name as it appears on the card _____

Signature _____ Date _____

3. ☐ I wish to pay the remaining amount of \$ _____ every _____ months by check.

Please send a reminder by ☐Mail ☐Email (_____) ☐Both

4. ☐ Please contact me to discuss how I wish to make my gift at _____.

Please include one line of text for your leaf to be displayed on the 75th Anniversary Circle Tree (i.e., John Smith, DO; or John Smith, DO and Jane Smith):
