



2017 RMA LEGISLATIVE FUND CONTRIBUTION

We are making this contribution in support of the Legislative Fundraising Committee's work on behalf of all members of RMA

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CONTACT: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

COMPANY PHONE: \_\_\_\_\_ COMPANY FAX: \_\_\_\_\_

DONATION AMOUNT

- Other: \$ \_\_\_\_\_
Brass: \$ 1,000
Bronze: \$ 2,500
Silver: \$ 5,000
Gold: \$ 7,500
Platinum: \$ 10,000
Titanium: \$ 15,000
Sapphire: \$ 20,000
Diamond: \$ 25,000
Diamond: \$ 50,000 "RMA Advisory Board"

IF PAYING BY CHECK

Make checks payable to: "RMA". Include in Memo Line: "2017 Legislative Fund"
CHECK NUMBER Enclosed \_\_\_\_\_

IF PAYING BY CREDIT CARD

Type of Card: [ ] VISA [ ] MasterCard [ ] Amex

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security # \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

FLEXIBLE CHARGE PAYMENT PLAN (use this plan if you want to divide up your total contribution)

I wish to pay our contribution to the RMA Legislative Fund using RMA's Flexible Charge Payment Plan. Please charge my credit card based on the following payment plan:

- [ ] Monthly (12 payments) [ ] Bi-Monthly (6 payments) [ ] Quarterly (4 payments) [ ] \_\_\_ Monthly Payments

NOTE: Charges will be applied between the 1st and 10th days of each month until the total contribution amount has been achieved unless otherwise directed in writing. Charges will be in equal amounts unless the total amount of the contribution is not divisible by the monthly payments in which case the final monthly charge will reflect the remaining balance.

AUTHORIZATION

I hereby authorize RMA to charge my credit card based on the terms and information contained in this Flexible Charge Payment Plan. I agree that I will contact RMA in writing should I wish to change my contribution or payment plan.

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed forms and payment to: 1050 Fulton Ave, Suite 120, Sacramento, CA 95825, OR Fax to: (916) 482-2760, OR email to: bsouza@rmaassociation.org.