



2019 RMAI LEGISLATIVE FUND CONTRIBUTION

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

COMPANY: _____

ADDRESS: _____ City: _____ State: _____ Zip: _____

CONTACT: _____

CONTACT EMAIL ADDRESS: _____

COMPANY PHONE: _____ COMPANY FAX: _____

May RMAI recognize your donation on our social media channels? Yes No

DONATION AMOUNT

- | | |
|---|---|
| <input type="checkbox"/> Other: \$ _____ | <input type="checkbox"/> Platinum: \$ 10,000 |
| <input type="checkbox"/> Brass: \$ 1,000 | <input type="checkbox"/> Titanium: \$ 15,000 |
| <input type="checkbox"/> Bronze: \$ 2,500 | <input type="checkbox"/> Sapphire: \$ 20,000 |
| <input type="checkbox"/> Silver: \$ 5,000 | <input type="checkbox"/> Diamond: \$ 25,000 |
| <input type="checkbox"/> Gold: \$ 7,500 | <input type="checkbox"/> Diamond: \$ 50,000 "RMAI Advisory Board" |

IF PAYING BY CHECK

Make checks payable to: "RMAI". Include in Memo Line: "2019 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 RMAI 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: phong@rmassociation.org.