



2020 RMAI LEGISLATIVE FUND CONTRIBUTION FORM

RMAI actively monitors and responds to state and federal measures affecting how our members do business. Your contribution to the Legislative Fund allows RMAI to effectively advocate for your interests across the nation.

COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____

CONTACT EMAIL ADDRESS: _____

COMPANY PHONE: _____ COMPANY FAX: _____

May RMAI recognize your contribution in our communications and on our social media channels? Yes No

CONTRIBUTION AMOUNT

Other: \$ _____

Platinum: \$10,000

Brass: \$1,000

Titanium: \$15,000

Bronze: \$2,500

Sapphire: \$20,000

Silver: \$5,000

Diamond: \$25,000

Gold: \$7,500

Diamond: \$50,000 "RMAI Advisory Board"

PAY BY CREDIT CARD

Type of Card: VISA MasterCard American Express

Card Number: _____ Exp Date: _____ Security Code: _____

Card Holder's Name: _____

Authorized Signature: _____ Date: _____

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

I wish to pay our contribution to the RMAI Legislative Fund using RMAI's Flexible Charge Payment Plan. Please charge the 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 RMAI in writing should I wish to change my contribution or payment plan.

Signature of Cardholder: _____ Date: _____

PAY BY CHECK

Check Enclosed Number: _____ Make checks payable to: "RMAI". Include in Memo Line: "2020 Legislative Fund"

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