"NAPA CARE" EMERGENCY BENEVOLENT FUND

Donation/Pledge Form

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	Company/Individual Name:	Company:		
	Company Representative Title:	Address:		
	Contact Phone Number(s): Work: Cell:		Other:	_
	Preferred Number: ☐ Work ☐ Cell ☐			
	s a company donation? ☐ Yes ☐ No s an individual donation? ☐ Yes ☐ No			
Signa	ture of Company Representative		Date	_
Amount to be donated: \$ (in U.S. dollars) Date of donation: Payment options: In full Multi-year up to five (5) years (minimum of \$5,000) invoiced annually Payable by: Check Credit Card Cash Cash Cash Card Information: Name on Card Card Number: Expiration Date:/ Security Code:				
NA	ease return form to: PAREF NAPA Care, 5100 Forbes Blvd., L fax: 301-731-4321	anham, MD 20	0706-4407	
	Email: cwilson@asphaltpavement.org			
	Tax Deductibility is at the full donated a	amount. Pleas	se consult your tax advisor.	

The NAPA Research & Education Foundation manages and disburses all charitable contributions for the "NAPA Care" Emergency Benevolent Fund. NAPA Associate Member Council and the NAPA Associate Members administer the program in conjunction with NAPAREF.

