



\$5,000 \$1,000 \$500 \$250 Other _____

Donor name(s)		Firm:
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

MAKE A DONATION

Pledge/Donation of \$_____ to the: NCTA Bob Stohr Memorial Fund

This donation is to be paid in _____ payments of \$_____

I will send a check payment made payable to HRI.

Please charge my payments directly to my credit card according to my payment schedule:

Payment 1—\$_____ Date_____

Payment 2—\$_____ Date_____

Payment 3—\$_____ Date_____

Payment 4—\$_____ Date_____

Payment 5—\$_____ Date_____

Please send me reminders to fulfill my pledge during the months checked below.

____January—March ____April—June ____July—September ____October—December

HRI's MAILING ADDRESS: 1000 Vermont Avenue, NW, Suite 300, Washington, DC 20005-4914

CREDIT CARD PAYMENT INFORMATION FOR ITEMS CHECKED ABOVE

You may fax (secure line) credit card payments to **202-478-7288**.

Card number _____ Exp. Date _____

Verification-Security code: _____ The credit card verification code is the three-digit security code that is printed on the back of a card at the end of the signature panel. (For AMEX it is the 4 numbers found on the front of the card above the last digits of your credit card number)

Signature _____ Date _____

Research Affiliate of the American Nursery & Landscape Association

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