

AMBASSADOR PLEDGE FORM

Name of Ambassador: _____

Name of Benefactor: _____
(Company or Individual)

Should this be considered an anonymous gift? Yes No

We agree to support the National Association of Landscape Professionals Foundation in the amount specified below:

Ambassador: \$25,000

\$1,000 named scholarship given every year when fully funded.

Platinum Ambassador: \$50,000

\$2,000 named scholarship given every year when fully funded.

Why did you want to become an ambassador?

Payment Terms

Payment in full accompanies this form

Charge my credit card

Issue an invoice or charge my credit card on a standing/recurring basis

Yearly on _____ for _____ years.
(Date) (# of years up to 5)

Contact: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

By credit card Visa MasterCard AMEX Discover

Card # _____ Expiration date (mm) _____ / (yy) _____

Cardholder name _____ Signature _____

Card billing address (if different from company address) _____

I hereby certify that neither I nor anyone related to me received any benefit, goods or services in consideration of this gift.

Signature: _____ Date: _____

National Association of Landscape Professionals Foundation is a 501(c) 3 organization and gifts are tax-deductible to the extent of the law. Federal Tax ID is # 39-1871776

Please send completed form via mail to:

12500 Fair Lakes Circle Suite 200, Fairfax, VA 22033, or by fax to 703-322-2066

703-736-9666 | foundation@landscapeprofessionals.org | landscapeprofessionals.org/foundation