MPSPAC—2009 PLEDGE CARD

Name: _____ Degree/Title: _____
First M.I. Last

Mailing Address:_____
Street City State ZIP

Employer*: _____

Phone: _____ Fax: _____

Home E-mail: _____ Work E-mail: _____

*State law requires we use our best efforts to collect and report the name, mailing address and employer of individuals who contribute to MPSPAC.

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Please circle one - I give my permission for MPSPAC to list my name and contribution level in MPS publications: **YES NO**

Note: MPSPAC can accept only personal checks, VISA or MasterCard. No corporate contributions can be accepted.

☐ Personal check enclosed, payable to "MPSPAC"

Bill my credit card: ☐ Visa ☐ MasterCard

_____ _____
Name on Card Amount of Contribution

_____ _____ _____
Credit Card Number Security Code Expiration Date (MM/YY)

_____
Billing Address

_____
Signature

Remit to:

MPSPAC
4707 Hwy 61, #232
St. Paul, MN 55110

Questions: Please call John Raymond at (612) 209-0305 or email jraymond@mnpsychsoc.org