

NAA Use Only

ID #:

Date Rec’d:

Name: Title:

Company:

Address:

City: State: Zip:

(**if using a credit card, please make sure address matches billing address for card**)

Phone: Email:

Designate my contribution to the following NAA Affiliate’s Fund our Future Goal

Affiliate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAAPAC Contribution**

$5,000 (Maximum) $3,000 $1,000

$500 $250 $100 Other $\_\_\_\_\_\_\_

**Form of Payment**

**Check**

I have enclosed a **personal** check made payable to “NAAPAC” for the amount indicated above.

**Credit Card**

Please charge the amount indicated above to my **personal** credit card.

I would like to pay: **In Full / Monthly / Quarterly** (circle one)

American Express Visa MasterCard

Number: Exp. Date:

Name as it appears on card:

Signature:

**Completed contribution forms must be faxed to the secure line (703)-248-9443 or mailed to:**

National Apartment Association

Attn.: NAAPAC

4300 Wilson Boulevard, Suite 400

Arlington, VA 22203