

PLEDGE FORM

Help TPA Celebrate its 125th Anniversary!



In 2009, TPA will commemorate its 125th Anniversary! Please help us celebrate 125 years of working to preserve pharmacy practice in Tennessee. We're looking for 125 supporters who will each pledge \$125 toward our 2009 celebration. Will you help?

To pledge your \$125, please complete this form and submit it to the TPA registration desk. Be sure to add your name to the Pledge roster!

If you decide to pledge after the meeting has ended, please fax the form to 615-255-3528 or mail it to TPA, 500 Church Street, Suite 650, Nashville, TN 37219. Your name will be added to the Pledge roster, which will be displayed at future TPA meetings.

THANK YOU FOR HELPING US REACH OUR GOAL!

Name: _____ License No. _____

Address: _____

City, State, Zip: _____

Phone (__ Home __ Cell __ Work): _____ Email: _____

In Honor of _____

Memorial for _____

Pledge Amount: \$125 Other: \$ _____

Check enclosed, payable to TPA MasterCard Visa AmEx

Card Number _____

Expiration Date _____

Security Code* _____ * Security Code (required): 3 digits after card number on back of Visa and MasterCard; 4 digits above card number on front of American Express

Name on Card _____

Billing Address _____

Signature _____