



CFA PAC PLEDGE FORM

Franchisee Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

*Occupation: _____

*Employer: _____

Home Phone: _____ Home Fax: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Email Address: _____ FRANCHISEE ASSOCIATION: _____

I pledge to help protect my business!

Please accept my contribution of \$ _____ to the CFA PAC

PAYMENT OPTIONS

_____ **Personal Check**

_____ **Personal Credit Card**

Card Type: _____ Visa _____ MasterCard _____ American Express

Account Number: _____

Expiration Date: _____ CVV Code: _____

Name on Card: _____

Billing Address: _____

Signature: _____ Date: _____

Federal Election Commission rules require that payments to the CFA PAC be made from personal funds. Corporate contributions are not allowed. Contributing member must be a U.S. citizen. By signing below, you acknowledge that your PAC membership payment is being made from personal funds.

Signature: _____ **Date:** _____

***If you are paying by check, please send your contribution with this PAC Pledge Form to:
CFA, 1701 Barrett Lakes Boulevard, NW, Suite 180, Kennesaw, GA 30144***

If you are paying by credit card, please scan and email this completed form to mistyc@thecfainc.com or fax to CFA, attn: Misty Chally at (678) 797-5170.