



**2018 Legislative Fund  
Contribution Form**

Help us continue to protect the interests of psychology with a contribution to the legislative fund. Complete and return this form or go online and complete the form at [www.arpapsych.org/legislative](http://www.arpapsych.org/legislative)

Consider one of the contribution levels listed below. You can send a check or use a credit card.. If you have questions, please contact the ArPA office at 501-614-6500 or email [anne@arpapsych.org](mailto:anne@arpapsych.org). Contributors will be acknowledged to the membership.

Name \_\_\_\_\_  
Company Name (if applicable) \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address (for receipt) \_\_\_\_\_

Payment Method \_\_\_\_\_ Check \_\_\_\_\_ Credit Card (Master Card or Visa only)  
Name on Card \_\_\_\_\_  
CC number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV # \_\_\_\_\_  
Billing Address for card \_\_\_\_\_

Contribution is  in honor of  in memory of: \_\_\_\_\_

\_\_\_ I would like my contribution to be anonymous.

**Contribution Levels-** Please check the level you would like to commit to:

- \_\_\_ Diamond – Above \$1500.00: *Please list amount:* \$ \_\_\_\_\_
- \_\_\_ Patron - \$1500.00
- \_\_\_ Gold – \$1000.00
- \_\_\_ Silver – \$500.00
- \_\_\_ Bronze – \$250.00
- \_\_\_ Supporter – \$100.00

\_\_\_ I would like to be on the Legislative Committee

**Please send check payments to:**

Arkansas Psychological Association  
PO BOX 21220  
Little Rock, AR 72221