

CONTRIBUTOR INFORMATION:

Contact Name:	
System Name:	
City, State, Zip:	
Email:	
Phone:	
Billing Month:	

Select Preferred Billing Month for Annual Contributions

OPTION 1: 2024 PLEDGE INFORMATION FOR SYSTEMS MAKING DIRECT PAYMENT TO THE APGARF

Our System pledges a 2024 contribution to APGARF of \$ _____ to be paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	Our System plans to make this payment(s) to APGARF in the form of: <input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer
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OPTION 2: 2024 PLEDGE INFORMATION FOR SYSTEMS CONTRIBUTING TO THE APGARF THROUGH YOUR GAS SUPPLIER/MARKETER

Name of Gas Supplier/Marketer: _____

Our System pledges a 2024 contribution to APGARF to be paid through our Gas Supplier/Marketer. The contribution will be \$ _____ or an amount determined by a volumetric adder of \$0. ____ cents per Dth of flow <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	Our Gas Supplier/Marketer plans to make this payment(s) to APGARF in the form of: <input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer
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OPTION 3: 2024-2027 PROSPECTIVE PLEDGES

<input type="checkbox"/> OPTION 1: Direct payment to RF 2024 _____ 2025 _____ 2026 _____ 2027 _____	<input type="checkbox"/> OPTION 2: Payment through gas supplier 2024 _____ 2025 _____ 2026 _____ 2027 _____
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Signature: _____ Date: _____

Make checks payable to "APGA Research Foundation" and mail or fax to:
 APGA Research Foundation | 201 Massachusetts Avenue NE, Suite C-4 | Washington, DC 20002
 Phone: 202-370-6211 | Fax: 202-464-0246
 Contacts: Todd Brady (tbrady@apga.org) | Sheila Deringis (sderingis@apga.org)