

In the interests of furthering Insurance Education in Nevada,  
I/we herewith make the following pledge to the  
NEVADA INSURANCE EDUCATION FOUNDATION  
To be paid as follows: \$ \_\_\_\_\_ herewith.

Balance will be paid as follows: \_\_\_\_\_.

MEMBERSHIPS

Life - \$10,000 or more (may  
Be made in installments)

Benefactor – per year \$500

Contributor – per year \$250

Booster – per year \$100

Sponsor – per year \$50

Memorial Scholarship \_\_\_\_\_

To \_\_\_\_\_

Please Print

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

Address: \_\_\_\_\_

**THIS IS A TAX DEDUCTIBLE ITEM**