



# Soy Partner Pledge

Terms: Your organization can be invoiced at your convenience. Please select your preference below.

We would like to be invoiced:

Quarterly

Semi-annually

Annually

Terms: We appreciate all Soy Partner Pledge contributions. Your organization may choose to give any fraction of the 2% originally withheld. Please select your preference below.

We would like to contribute:

In full \_\_\_\_\_

<sup>3</sup>/<sub>4</sub> of the withheld amount \_\_\_\_\_

<sup>1</sup>/<sub>2</sub> of the withheld amount \_\_\_\_\_

<sup>1</sup>/<sub>4</sub> of the withheld amount \_\_\_\_\_

I authorize our participation in the Soy Partner Pledge:

For billing, please contact:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*E-mail*

\_\_\_\_\_  
*Phone*