



\_\_\_\_ Yes, I want to be part of the Cannabis Council of the Pasadena Chamber of Commerce. I pledge to support the efforts of the Cannabis Council with \$10,000 that will fund awareness, informational and familiarization events and activities on behalf of cannabis related businesses in the Pasadena area.

Name and Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Contact for Approvals: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Charge to my credit card: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please return this form by March 2, 2020 via email to: [leanne@pasadena-chamber.org](mailto:leanne@pasadena-chamber.org) or via fax to 626-795-5603

Thank you for your support and membership with the Pasadena Chamber of Commerce.