



## MINORITY DEALER DEVELOPMENT

### Scholarship Program

#### PLEDGE FORM

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

Title: \_\_\_\_\_

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#### Pledge to GM MDD scholarship:

☐ \$25    ☐ \$50    ☐ \$75    ☐ \$100    ☐ \$200    ☐ \$500    ☐ \$1,000    ☐ Other \$\_\_\_\_\_

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Credit Card: (you may call the CMS Foundation and provide your credit card info over the phone at 1-630-428-2412)

☐ American Express    ☐ Visa    ☐ Mastercard    ☐ Discover

Credit card #: \_\_\_\_\_ Exp. date: \_\_\_\_\_ 3 or 4 digit security code: \_\_\_\_\_

Name on card: \_\_\_\_\_

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

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Check:

Make payable to: CMS Foundation, Inc.

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Form may be mailed, faxed or emailed:

CMS Foundation, Inc.  
PO Box 648  
Naperville, IL 60566  
Phone: 1-630-428-2412  
Fax: 1-630-428-2695  
Email: [wrscholarshipinfo@gmsac.com](mailto:wrscholarshipinfo@gmsac.com)

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