

Your name: _____

Title: _____

Dealership/business name: _____

Mailing address: _____

City, state, zip: _____

Phone: _____

Direct email: _____

☐ I wish to support this scholarship through a WRN Drive to Succeed Dealership Named Scholarship:

☐ \$2,500 (*one scholarship*) ☐ \$5,000 (*two scholarships*) ☐ \$7,500 (*three scholarships*) ☐ \$10,000 (*four scholarships*)

☐ I wish to support this scholarship program with an annual pledge of:

☐ \$100 ☐ \$200 ☐ \$500 ☐ \$1,000 ☐ Other \$ _____

☐ I wish to make a multi-year pledge and pay the above amount in each of the following years:

☐ 2016 ☐ 2017 ☐ 2018

☐ I prefer to make payment by credit card:

☐ American Express ☐ Visa/Mastercard ☐ Discover

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

Name on card: _____

Signature: _____ Date: _____

☐ I prefer to make payment by check (please make your check out to: CMS Foundation)

☐ I prefer to donate electronically (please visit: gmsac.com/donatenow)

☐ I wish to be an anonymous donor

By January 31, 2016, please mail this pledge form to:

CMS Foundation
PO Box 648
Naperville, IL 60566

Or fax to: 630.428.2695

Or email to: WRNscholarshipinfo@gmsac.com