

PLEDGE FORM





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☐ I wish to support this scholarship program with an annual pledge of:		
□ \$100 □ \$200 □ \$500 □ \$1,000	Other \$	
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Credit Card #:	Exp. Date :	3 or 4 Digit Security Code:
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☐ I prefer to donate electronically (please visit: <u>gmsac.com/donatenow</u>)		
☐ I wish to be an anonymous donor		

By December 15, 2014, 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