

PLEDGE FORM

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 at the above amount for each of the following scholarship program years:☐ 2017 ☐ 2018 ☐ 2019☐ 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 payable to: CMS Foundation, Inc.)☐ I wish to be an anonymous donor*By January 31, 2017 please mail this pledge form to:*

CMS Foundation, Inc.

PO Box 648

Naperville, IL 60566

*Or fax to: 630.428.2695**Or email to: WRNscholarshipinfo@gmsac.com*

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