

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 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

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

All gifts are tax deductible to the fullest extent of the law