



MINORITY DEALER DEVELOPMENT

Scholarship Program

PLEDGE FORM

Name: _____

Title: _____

Dealership/Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

One-time pledge:

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

GM MDD Named Scholarship: (allows donor to establish a scholarship in their name)

\$2,500 \$5,000 \$7,500 \$10,000

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: _____

Check:

Make payable to: CMS Foundation, Inc.

Form may be mailed, faxed or emailed: (if sending credit card information, email is not recommended)

CMS Foundation, Inc.
PO Box 648
Naperville, IL 60566
Phone: 1-630-428-2412
Fax: 1-630-428-2695
Email: info@gmmdscholarship.com

Donations are tax deductible to the fullest extent of the law