



Acacia Alumni Scholarship Award Program 2018-2019

Acacia Alumni Scholarship Program 2018-2019

Campaign Pledge Form (695 - 1533)

Yes, I want to support the campaign for Acacia.

Individual Information:

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Office Phone: _____

Email Address: _____

Pledge Terms:

Total Pledge Amount: _____

Pledge Duration (circle one): 1 2 3 4 5 6 7 8 9 10 11 12 months

Pledge Start Date: Month: _____ Year: _____

Please Bill Me (circle one): Annually Semi-Annually Quarterly Monthly

Amount Enclosed: _____

Make check payable to: **Acacia Illinois Scholarship Fund**

Please mail the completed form to:

Acacia Alumni Scholarship Program 2018-2019 (695 - 1533)

OmegaFi

P.O. Box 2187

Columbus, GA 31902

695-1533-OGF