



# 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)

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P.O. Box 2187

Columbus, GA 31902

695-1533-OGF