



CAMPAIGN PLEDGE FORM

Name _____ Date: _____
Address _____
City, State, Zip _____
Email _____
Best Phone _____

My / our gift to the GROWING CMI CAMPAIGN will be: \$ _____

I give permission to acknowledge my support in the GROWING CMI CAMPAIGN Donor Honor Role

My/our giving will be:

- NOW to fund the strategic plan immediately
 Monthly Quarterly Annual installments (last by 2025)
 Stock Transfer

Tribute

This gift is in memory of: _____

This gift is in honor of: _____

This is a family gift.

Recognition should include: _____

I would like this gift to remain anonymous

How can you help make the GROWING CMI CAMPAIGN successful?

Mail	or email	or visit
CMI Treasurer Attn: Growing CMI Campaign 40 Parker Avenue Cohasset MA 02025	Send a picture or scan of this form to treasurer@rowcmi.org	rowcmi.org/donate

Thank you for your support of the GROWING CMI CAMPAIGN!