

Pledge Form



Give to the Council on Competitiveness

Title: Mr. Mrs. Ms. Dr. Hon.

First Name: _____ M.I. _____

Last Name: _____

Position: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____

Tel: _____ Email: _____

Gift Amount: \$ _____ Annual Gift Monthly Gift

Relationship to the Council on Competitiveness: _____

Additional Gift Instructions

I/We prefer to remain anonymous for donor listings.

If you would like your gift directed to a specific purpose, please add a note below.

Signature: _____

Please return the completed pledge form with your gift.

Please make all checks payable to: Council on Competitiveness
900 17th Street, N.W., Suite 700
Washington, DC 20006

If you have any questions please contact:

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