



The James E. West Fellowship Award

Pledge Commitment

Honorees Name: _____

Nominator.s Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

_____ My full payment (\$1,000) is enclosed

_____ Please bill me as follows:

_____ \$1,000 one time (month to bill: _____)

_____ \$500 annually for 2 years

_____ \$335 annually for 3 years

_____ \$167.50 semi-annually for 3 years

_____ \$30 monthly for 3 years (includes cost of postage and billing)

_____ I wish to pay by Credit Card

_____ Visa _____ MasterCard

Card # _____ - _____ - _____ - _____ Exp. Date: ____/____

Signature _____

If paying by check, make payable to "Chief Cornplanter Council Endowment Fund".

_____ We would like the Award to be presented at the Council Annual Recognition Dinner

_____ We would like the Award to be given to us to be presented at another appropriate event.