

WITS Scholarship Fund Pledge Card

I would like to take part in this opportunity to give worthy students the opportunity to learn at WITS. I would like to participate in the

Alumni Scholarship Fund

Adina Kader Memorial
Scholarship Fund

Devorah Rivka Rennert Memorial
Scholarship Fund

Name _____

Address _____

Phone _____

Please use my:

Credit # _____ Exp. Date _____

Signature _____

Please put through my monthly payment on the _____ of each month.

I would like to make an ongoing monthly pledge of:
 \$250 \$180 \$100 \$50 \$36 \$25 Other _____ per month.

Please accept my pledge of:
 \$1,000 \$750 \$360 \$250 \$180 \$100 Other _____.

I will make _____ payments over _____ months.

Make all checks payable to the Wisconsin Institute for Torah Study

Please print this out and mail it to:

WITS
3288 North Lake Drive
Milwaukee, WI 53211