

## CSI College of Fellows Fund Pledge Form

In support of the Student and Emerging Professionals Program of the College of Fellows, I pledge to contribute \$\_\_\_\_\_ per year for the next five years for a total pledge of \$\_\_\_\_\_.

Accompanying this form is a check for my first year contribution in the amount of \$\_\_\_\_\_.

In lieu of the above, I pledge the following (please write in whatever amount and in whatever terms that will be comfortable with you):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send form and checks made checks payable to:**

**CSI Foundation – COF SEP Fund  
110 South Union Street, Suite 100  
Alexandria, VA 22314**

*The COF will send reminders in July of each year for subsequent year contributions.*

---

Thanks in advance for your support of this important program.

James Robertson, FCSI, CCS, AIA  
Chancellor, College of Fellows  
jrobertson@robertsonsherwood.com