



TRANSCENDING limitations

I would like to make a pledge to help others transcend limitations:

NAME: _____

Millennium Consultant

- I would like to contribute ____ % (amount entered must be 1% or greater) of my gross structured settlement commissions until I notify MAF to stop deductions.
- I would like to make an upfront contribution to the MAF in the amount of \$_____.
- I am including a check for the above stated amount.
- Please deduct the above stated amount from my next paycheck.

Millennium Staff

- I would like to contribute ____% of my salary to be deducted from my paycheck each pay period until I notify MAF to stop deductions.
- I would like to make an upfront contribution to MAF in the amount of \$_____.
- I am including a check for the above stated amount.
- Please deduct the above stated amount from my next paycheck.

Other Contributors

- I would like to make a contribution to MAF in the amount of \$_____.

I agree to contribute the above amount(s) to the Millennium

Angel Foundation: _____

SHINING LIGHT ON EXTRAORDINARY NEEDS

www.MillenniumAngelFoundation.org