

# INDUSTRY PROMOTION FUND

The Industry Promotion Fund provides a way for CLLA members to give an additional contribution to the League for the purpose of League Marketing and Industry Promotion.

The Fund was established in 2016 as a way of increasing the available revenue for the purpose of reestablishing the CLLA brand in the marketplace without increasing membership dues. Funded entirely by voluntary donations, the CLLA Industry Promotion (IP) Fund will be used to promote the CLLA in a variety of ways. This is a unique way for members to continue supporting the League and its endeavors after the dues renewal season has passed. The IP fund creates a financial reservoir that allows the League to underwrite worthy projects in the marketing and industry promotion arena without the need for additional fundraising. The Marketing Committee will make recommendations on a variety of programs and projects that benefit our members and increase the overall visibility and viability of the League and final approval for spending will be determined in-conjunction with the CLLA Leadership.

All League members are encouraged to contribute by completing the pledge form below or visiting [ccla.org/donations](http://ccla.org/donations). Your pledge is a meaningful way to demonstrate your commitment to the Commercial Law League of America®.

Thank you for your participation,  
Lorna Walker, Marketing Committee Chair  
& the Marketing Committee



Return the completed form below to:

CLLA  
3005 Tollview Dr.  
Rolling Meadows, IL  
60008

Phone:  
312.240.1400

Fax:  
847.584.3939

## INDUSTRY PROMOTION FUND PLEDGE FORM

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Firm Name \_\_\_\_\_

email address \_\_\_\_\_

- I understand my name & firm details may be listed in a roster of donors.
- I do not wish to have my name included in any published listing
- I am enclosing my check made out to CLLA in the amount of \$\_\_\_\_\_.
- I am faxing my credit card information to 847-584-3939 authorizing CLLA to charge my credit card the amount of \$\_\_\_\_\_.

AMEX     VISA     MASTERCARD     Discover

Name On Card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

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

**Please fax completed form to the following secure fax line: (847) 584-3939**

**NOTE:** To meet PCI Compliance, all credit card information should be sent by fax or mail to our payment center.

Any credit cards sent via email will not be processed and automatically deleted.

**For your protection the below section will be destroyed after processing.**

C.C. Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V-Code: \_\_\_\_\_