

**2017 Annual Fund Campaign Pledge Form**

“Free the child’s potential, and you will transform him into the world”

Dr. Maria Montessori

Please consider making a generous donation to the 2017 Annual Fund.

Please submit your pledge or donation to Cheryl LaCost, Head of School.

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| YES! I would like to give to the Annual Fund. Please accept my/our pledge for the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Annual Fund. I/We understand that this pledge is to be paid before June 30.  |
| Donor’s printed name: |
| Donor’s signature:  | Date: |

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| **Affiliation** (Select all that apply):Current parent(s) Past parent(s) Alumni Faculty/staff Board Friend(s) of Brickton |
| Address (Please include street, city, state, and zip code): |
| Phone:  | Email: |
|  |
| **Statement of Payment Preferences:**Enclosed is annual fund donation check. Check No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| My gift is $1,000 or more, I will pay monthly.  |
| Please invoice me and bill me on (provide date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| My gift is $300 or more, please charge my Visa or Mastercard (check one). Card number: \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_  Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(No processing charges apply).** |
| My gift will be matched by my employer. Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Brickton Montessori School is a 501(c)(3) tax-exempt organization.*

*Gifts are tax deductible to the extent allowed by law.*