



2018-2019 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 2018-2019 Annual Fund.
Please submit your pledge or donation to Cheryl LaCost, Head of School.

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:

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.*