



2021-2022 Annual Fund Campaign Pledge Form
35th Anniversary

“Montessori is an education for independence, preparing not just for school, but for life.”
Dr. Maria Montessori

Please consider making a generous donation to the 2021-2022 Annual Fund.
Submit your pledge or donation to Erica Lane, 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 \$ _____. I/We understand that this pledge is to be paid before June 30. | |
| Donor's printed name: | |
| Donor's signature: | Date: |
| <input type="checkbox"/> Please make my donation a recurring monthly donation. | |
| <input type="checkbox"/> My employer will match my donation. FEIN #36-344-3480. Employer's Name: _____ | |
| Billing Address (include street, city, state, and zip code): | |
| Phone: | Email: |

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| Affiliation (Select all that apply): <input type="checkbox"/> Current Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Alumni <input type="checkbox"/> Other <input type="checkbox"/> Past Parent(s) <input type="checkbox"/> Friend(s) of Brickton <input type="checkbox"/> Faculty/Staff |
| Payment Preference: <input type="checkbox"/> Check Enclosed. Check No.: _____. <input type="checkbox"/> Charge my <input type="checkbox"/> Visa or <input type="checkbox"/> Mastercard (check one). Card number: _____ - _____ - _____ - _____ Exp. Date: _____ Signature: _____ (No processing charges apply for donations over \$300.00. A 3% fee applies to amounts under \$300.00). <input type="checkbox"/> Please invoice me. |
| Optional Preferences: <input type="checkbox"/> Recognition Name (if different than Billing): _____ <input type="checkbox"/> This donation is in honor of: _____ <i>i.e., Student or Family Name, Class of xxxx, In Memory of...</i> <input type="checkbox"/> I prefer to remain Anonymous. |