



2025-26 Annual Fund: Envisioning Brickton's Future

Name _____

Billing Address _____

Phone _____ Email _____

Donor Recognition Please use the following name(s) in all acknowledgements (Indicate if you would prefer to stay anonymous).

Donor Signature(s) Your signature and date are required to comply with recommended accounting procedures.

(month/day/year)

Pledge Information

I (we) pledge a **total** of \$ _____ to Brickton Montessori School's Annual Fund.

Payment information

☐ Please increase my monthly tuition by \$ _____ for the rest of the school year.

☐ Please invoice me for a one-time payment of \$ _____.

☐ I have stock I would like to transfer as a donation. Please contact me.

☐ I will pay by check. Check # _____

☐ I will make my donation on the Brickton Montessori's [Give Butter website](#) or by providing my credit card information. Visa _____ Mastercard _____

Credit Card Number _____ Exp. Date _____ CVV _____

Other information

☐ My employer will match my donation. FEIN #36-344-3480.

Employer's Name: _____

☐ I would like a phone call from a Board Member to learn more about our new Brickton Montessori School campus at 1695 S River Road, Des Plaines.

Please scan to erica.lane@brickton.org, return to the main office, or send by mail to:

Brickton Montessori School, c/o Erica Lane, 8622 W Catalpa Ave, Chicago, IL 60656