



31 YEARS
strong
because of you.
ANNUAL FUND 2015-2016

PLEDGE FORM

I (we) pledge \$ _____ to the Columbus Montessori Annual Fund.

PLEDGE OPTIONS:

- Legacy Level **\$10,000**** (\$10,000=\$1,000/month* or \$2,500/quarter)
- Diamond Level **\$5,000**** (\$5,000=\$500/month* or \$1,250/quarter)
- Platinum Level **\$2,500**** (\$2,500=\$250/month* or \$625/quarter)
- Gold Level **\$1,000**** (\$1,000=\$100/month* or \$250/quarter)
- Silver Level **\$500**** (\$500=\$50/month* or \$125/quarter)
- Bronze Level **\$250** (\$250=\$25/month* or \$62.50/quarter)
- Friend of CMEC **\$100** (\$100=\$10/month* or \$25/quarter)
- Other Amount** _____

*Monthly payments are due over the course of 10 months.

**The generosity of donors who make gifts at or above the \$500 leadership level are recognized with an invitation to next year's Annual Fund Kick-Off reception held in September.

PAYMENT OPTIONS: Single Payment Quarterly 10 Monthly Payments

PAYMENT METHOD: Cash Add to my FACTS Credit Card Check

Credit Card Number Expiration Date Security Code Billing Zip Code

Name (as it appears on credit card) Signature Date

DONOR INFORMATION: _____

Name(s)

Street Address City State Zip Code

Email Address Telephone Number

- I desire my donation to be ____ published (name on donor list) ____ anonymous
- I wish to honor the following individual: _____
- Send acknowledgment of this gift to (honoree address): _____

Please return your pledge form by October 15, 2015
THANK YOU FOR YOUR SUPPORT!

COLUMBUS MONTESSORI EDUCATION CENTER
979 SOUTH JAMES STREET | COLUMBUS, OHIO 43227
T. 614.231.3790 | F. 614.231.3980 | info@columbusmontessori.org
www.columbusmontessori.org