columbus montessori education center

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!

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