



St. Joseph Montessori School | Annual Fund 2009-2010

Name (as you wish it to appear in print)  Please list me as an anonymous donor

Address City State Zip Code

Signature Date

I PLEDGE A GIFT OF \$\_\_\_\_\_ AND CHOOSE THE FOLLOWING PAYMENT OPTION:
Payment in full:  Cash  Check Payable to SJMS  Charge my MasterCard or VISA (complete information below)
Bill Me: Monthly Payments of \$\_\_\_\_\_ for \_\_\_\_\_ months. (payments must conclude by June 2010)
Charge my credit card: Monthly Payments of \$\_\_\_\_\_ for \_\_\_\_\_ months. (payments must conclude by June 2010)

Card Number (MasterCard or VISA only) Expiration Date Signature (required)
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