

SOUTHEAST ALASKA FRIENDS OF MONTESSORI DONATION/PLEDGE FORM

Name(s): _____
(Please list as you would like your gift acknowledged.)

Address: _____

City, State, Zip _____

Primary Phone: _____ Other Phone: _____

Email _____

- Yes! I/we want to give a gift to help bring Montessori Education to Southeast Alaska.
- I/we would like to make a gift of \$ _____.
 - I/we would like to make a reoccurring gift of \$ _____ to be paid weekly/monthly/annually (circle one) until I/we specify otherwise. Please contact me to make arrangements for an automatic draft.

- Yes! I/we pledge to make a difference in the lives of children and families with a future gift to SEAFOM.
- I/we would like to make a pledge of \$ _____ to be paid in full on _____ (date).
 - I/we would like to make a pledge of \$ _____ to be paid in weekly/monthly/annual (circle one) installments starting on _____ (date) until the pledge is fulfilled.
SEAFOM will send reminders prior to pledge payment date(s).

- Enclosed is a check /money order payable to Southeast Alaska Friends of Montessori.
- Please charge my/our credit card in the amount of \$ _____ Visa Master Card

Name on Card _____

Card Number _____ Card Expiration _____ CVC _____

- I/we would like to make a gift in memory or honor (circle one) of: _____
- Please send notice of my/our tribute to:
- Contact Name: _____
- Contact Address: _____
- City, State, Zip _____ Phone: _____
- Email _____

- My/our contribution is eligible for a matching gift from my employer. I have enclosed the matching gift form.
- I/we would like to give an in-kind donation of: _____ Please contact us to make arrangements.

Mail to: Southeast Alaska Friends of Montessori, PO Box 21142, Juneau, AK 99801
Email: seafom.friendsofmontessori@gmail.com