



STATEMENT OF COMMITMENT

I/We wish to make a pledge to **Strong Roots, New Branches**, the capital campaign for the Montessori School of Columbia. I/We understand that my/our pledge may be paid over a period of up to three years. I/We intend to honor my/our commitment to Montessori School of Columbia as follows:

DONOR INFORMATION

Donor Name(s) _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email(s) _____

PLEDGE INFORMATION

I/We pledge a total of \$ _____ to **Strong Roots, New Branches**.
Amount enclosed: \$ _____ Remainder pledged: _____

I/We wish to have this donation spread over 1 2 3 year(s).

CONTRIBUTION FORM

I/We plan to contribute in the form of Cash Credit Card Securities* Other
*For stock transfers, please contact Karen Kuse at karen@montessoricolumbia.com or 803-783-8838.

Please bill me/us beginning _____ and thereafter Monthly Quarterly Yearly.

Please charge my/our Visa MasterCard American Express
Card Number: _____ Expiration: _____

My/Our gift will be matched by _____
Matching gift form enclosed. Matching gift form will be forwarded to MSC.

DONOR RECOGNITION (Donors will be recognized in campaign materials unless an anonymous gift is requested.)

Please use the following name(s) in all acknowledgments: _____

I/We wish to have our gift remain anonymous.
I/We wish to recognize my/our gift in honor of in memory of:

AUTHORIZATION

Signature(s) _____

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Thank you for your gift, which is deductible to the extent allowed by tax law. For more information, contact Karen Kuse at 803-783-8838 or karen@montessoricolumbia.com. Please make checks, corporate matches, or other gifts payable to:
MONTESSORI SCHOOL OF COLUMBIA • 411 SOUTH MAPLE STREET • COLUMBIA, SC 29205
(803) 783-8838 • MONTESSORICOLUMBIA.COM