

# Annual Campaign Pledge Form

**Thank you for your pledge.** Every dollar means so much!

**Donor Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (     ) \_\_\_\_\_

**\*\*Unless otherwise noted, your gift will be recognized in the following format: “The (Child’s Last Name) Family”**

**Please let us acknowledge your kindness by adding your child’s photo to our  
*Thank You Tree in the Galleria***



**Send your photo to: [dpalotas@trinitymontessori.org](mailto:dpalotas@trinitymontessori.org) (Hi-Resolution photos in PNG or JPG format is preferred)**

### **My Pledge:**

\_\_\_\_\_ *The Casa Club \$5,000+*                      \$ \_\_\_\_\_

\_\_\_\_\_ *Founders Circle \$2,500-\$4,999* \$ \_\_\_\_\_

\_\_\_\_\_ *Benefactor \$1,500-\$2,499*                      \$ \_\_\_\_\_

\_\_\_\_\_ *Fellow \$1,000-\$1,499*                              \$ \_\_\_\_\_

\_\_\_\_\_ *Patron \$500-\$999*                                 \$ \_\_\_\_\_

\_\_\_\_\_ *Sponsor \$300-\$499*                                \$ \_\_\_\_\_

\_\_\_\_\_ *Your Gift (Every Gift Matters)* \$ \_\_\_\_\_

**TOTAL Pledge Amount:**                              \$ \_\_\_\_\_

**Date Pledged:** \_\_\_\_\_

**Thank you for your kind support!**

### **My Payment:**

\_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_ I would like to use my credit card (please fill out form on next page)

\_\_\_\_\_ Please add \_\_\_\_\_ (# of payments) of \$ \_\_\_\_\_ to my tuition bill to fulfill my pledge by June 30, 2021

\_\_\_\_\_ My employer will match my gift. (For corporate matching, please send form with gift)

\_\_\_\_\_ I would like to make a stock transfer or a gift of another nature

\_\_\_\_\_ Please accept this payment on behalf of: “The \_\_\_\_\_ Family”

**All pledges must be fulfilled by June 30, 2021**

Trinity Montessori School is a tax-exempt, not-for-profit corporation. All donations to the Annual Giving Campaign are tax-deductible as allowed by law. The Annual Giving Campaign runs from 7/1/20—6/30/2021. FEI# 16-1384298.

# Credit Card Authorization Form

Donor Name: \_\_\_\_\_

Total Payment Amount to be Charged: \_\_\_\_\_

- Please check here to indicate that the payment charged is for your donation to:  
**The Annual Campaign**
- Please charge my credit card on the first of every month for any balances
- One time charge

## Credit Card Information:

Name on Card \_\_\_\_\_

Card Number: \_\_\_\_\_ MC or Visa (please circle)

Expiration: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, authorize Trinity Montessori School to charge

(Please Print Name)

my credit card according to the payment amount I have indicated above.

\_\_\_\_\_

Cardholder Signature

\_\_\_\_\_

Date

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