

DONOR INFORMATION

Donor(s)	(s)	
Address_	s	
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Phone	Email	
RECOGNI	NITION	
	Please recognize this gift in donor listings as	
Pledge A	Amount: \$	
Designat	ation (select one): 🗆 Near North Fund 🛛 Facu	lty & Staff Appreciation Fund □ Financial Aid / Big Night
No	Notes / Preferences (optional):	
PAYMEN	(A reminder letter will be sent to you in the m	nonth prior to this date)
	□ Monthly □ Annually	
т /	(A reminder letter will be sent to you in	•
	/ We plan to make this contribution in the formCheck (payable to Near North Montessori Sc.	
		<u>m</u> (select your chosen fund, comment of Pledge Payment)
		a credit card or direct debit, use the <u>recurring gift form</u> .
CONFIRM	RMATION	
Signature	ıre	Date//
		25905 :

Near North Montessori School (FEIN 36-2535895) is a 501(c)(3) not-for-profit organization. Donations are fully tax-deductible to the extent allowed by law.

Once complete, please submit form to giving@nnms.org or mail to 1434 W. Division Street, Chicago, IL 60642