

## Thank you for your support of Montessori de Terra Linda's Annual Fund

	I/we would like to <u>pledge</u> a gift to the Annual Fund of \$ to		
	on (All donations must be received on or before June 30, 2020)		Levels of giving
	I/we would like to make a one-time gift to the Annual Fund of \$		<b>Patron</b> \$10,000 and up
	<ul> <li>Check enclosed, made payable to MdTL Annual Fund</li> <li>Credit Card (indicate credit card information below)</li> <li>Please add credit card processing fee to my donation</li> </ul>		<b>Leader</b> \$5,000 - \$9,999
	<ul> <li>Stock Donation (Schwab account under the name of Montessori de Terra Linda - Account #: 8394-4018 and ABA #:071000013)</li> </ul>		<b>Benefactor</b> \$2,500 - \$4,999
	Installment Payments: I wish to pay \$monthly		<b>Sponsor</b> \$1,000 - \$2,499
<ul> <li>Include with my monthly MdTL billing (final installment June 2020)</li> <li>Credit Card (indicate credit card information below - final installment June 2020)</li> </ul>			<b>Friend</b> \$500 - \$999
	<ul> <li>Please add credit card processing fees to my donation         * * *     </li> </ul>		<b>Associate</b> \$250 - \$499
	Matching Gift: Enclosed is my employer's matching gift form		<b>Contributor</b> \$1— \$249
	Please <b>do not</b> include my name in your <b>donor recognition lists</b>		<b>7</b> - <b>7</b> - <b>2</b>
Cro	* * * edit Card:  ☐ Visa  ☐ MasterCard  ☐ American Express		
Ca	rd no Exp. Date 3 or 4	4 Digit Security C	code
	* * *		
Na	ame (as you would like it to appear in the Annual Report)		
Ac	ldress City State	Zip	
Нс	ome Phone Work Phone		
	□ Alumnus/a  □ Current parent  □ Alumni Parent  □ Grandparen * * *	nt 🗆 Friend	
	All gifts are tax-deductible. Please accept our warmest gratitude for your of You will receive an acknowledgement for your gift in the mail.		
Montessori de Terra Linda ● 610 Del Ganado Road ● San Rafael, CA 94903 ● 415.479.7373 ● www.mdtl.org <i>Federal Tax ID #68-0360702</i>			

