



DONOR INFORMATION

Donor(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

RECOGNITION

Please recognize this gift in donor listings as _____

I / We wish to remain anonymous

Pledge Amount: \$

Designation (select one): NNM Cares Fund Annual Fund / General Operating Financial Aid / Big Night

Notes / Preferences (optional):

PAYMENT INSTRUCTIONS

I / We will pay the entire pledge in one installment on or before ___/___/____.

(A reminder letter will be sent to you in the month prior to this date)

I / We would like to pay this in ___ installments of \$ beginning on ___/___/____.

Monthly Annually

(A reminder letter will be sent to you in the month prior to each of these dates)

I / We plan to make this contribution in the form of:

Check (payable to Near North Montessori School, memo of Pledge Payment)

Stock / DAF (please make arrangements with [Sarah Cutrara](#), Advancement Director)

Credit Card / Direct Debit via the [online form](#) (select your chosen fund, comment of Pledge Payment)

To schedule recurring payments via credit card or direct debit, please select the 'recurring payment' option

CONFIRMATION

Signature _____ Date ___/___/____

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