



DONATION FORM

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

Donation Amount: \$

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

Notes / Preferences (optional):

PAYMENT INSTRUCTIONS

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

- Check, included. (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 donation form** (select your chosen fund)

To schedule recurring payments via credit card or direct debit, please visit the **recurring gift form**.

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