

PLEDGE FORM

I/we wish to pledge our support in the following manner:

THE FUND FOR GLADWYNE MONTESSORI

PLEDGE AMOUNT \$ _____

ONE-TIME GIFT

OVER _____ YEARS
(maximum five years)

INSTALLMENT SCHEDULE

ANNUALLY

QUARTERLY

OTHER: _____

SEMI-ANNUALLY

MONTHLY

PLEASE SEND ME A REMINDER

INSTALLMENT AMOUNT \$ _____ **START DATE** _____

YES! I AM INTERESTED IN DISCUSSING A GIFT OR PLEDGE TO SUPPORT
NEW SPACES: THE CAMPAIGN FOR GLADWYNE MONTESSORI

YES! I AM INTERESTED IN SUPPORTING NEED-BASED SCHOLARSHIPS FOR
GLADWYNE MONTESSORI STUDENTS THROUGH PA'S EITC OR OSTC TAX CREDIT PROGRAM

NAME

AS IT SHOULD APPEAR IN RECOGNITION

ADDRESS

STREET

CITY

STATE

ZIP

PHONE

EMAIL

PAYMENT INFORMATION

CHOOSE ONE

CHECK ENCLOSED \$ _____
(made payable to Gladwyne Montessori)

CHARGE MY CREDIT CARD _____ ONCE _____ MONTHLY

BILL ME ACCORDINGLY

VISA MASTERCARD AMEX DISCOVER

My or my partner's employer offers a matching gift program.

NAME ON CARD

ACCOUNT NUMBER

EXP. DATE

CVV