



**UNIQUELY  
TLS**

## The Little School Annual Fund



Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### I SUPPORT THE LITTLE SCHOOL

\$ \_\_\_\_\_

(Indicate the total amount of your gift or pledge only; do not include matching funds in this amount.)

☐ My gift is enclosed. (paying by cash or check)

☐ Please charge ☐ once for the full amount indicated above.

☐ \$ \_\_\_\_\_ per month for \_\_\_\_\_ months. (to be fulfilled no later than June 30, 2022.)

☐ FACTS account

☐ Visa ☐ Mastercard ☐ AmEx ☐ Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

☐ I intend to recommend a grant from a donor advised fund or foundation.

☐ My gift will be paid with stock.

☐ My gift will be paid through a workplace giving program.

☐ Please accept my pledge to be paid in full by June 30, 2022.

☐ My gift will be matched by \_\_\_\_\_.

☐ I have included The Little School in my estate planning.

Please list my name in the annual report as:

\_\_\_\_\_

