

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 the advancement team) ☐ Credit Card / Direct Debit via the **online donation form** (select your chosen fund) To schedule recurring payments via credit card or direct debit, please select the "Recurring Donation" on the online donation 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 advancement@nnms.org or mail to 1434 W. Division Street, Chicago, IL 60642