

Northwest Montessori School 2015 Spring Fundraiser

Name

Address

City, State, Zip

Email

Suggested minimum donation of \$250 per family. Tax deductible and accepted with card, check, or cash. Please indicate *Spring Fundraiser* when donation is made. Please contact (206) 634-1347 with questions.

PAY BY CASH.....AMT: \$ _____

PAY BY CHECK.....AMT: \$ _____

_____ My check is enclosed

_____ I will make a payment of \$125.00 per month for TWO months

PAY BY CREDIT CARD.....AMT: \$ _____

Please charge my: _____ Visa _____ Mastercard _____ AMEX

Card Number

Expiration Date _____ Today's Date _____

Name on Card

Signature

_____ Please spread my payment out over the next TWO months.

*Please keep this check separate from tuition checks. Accounting thanks you!