

SVCMS Annual Campaign Donation and Pledge Form

Goals: 100% family participation & \$100,000

Donor Name(s): _____ Phone: _____

Address: _____ City, State Zip: _____

Email: _____

___ YES! I'd like to donate \$1,000 per child for a total of \$_____.

___ YES! I'd like to donate \$_____.

___ YES! I'd like to donate \$_____ over _____ monthly payments.

I will complete my donation by May 15, 2024.

___ YES! I'd like to donate later, so I'm making a pledge of: _____,

which I commit to donating by May 15, 2024.

PAYMENT OPTIONS

___ A one-time or recurring gift through <https://www.coloradogives.org/donate/SVCMS>

___ A check payable to SVCMS

___ An online donation using [SVCMS's Revtrak store](#).

Please note: a 3.61% credit card processing fee will be applied.

___ A monthly payment plan by check or online donation. *All payments completed by May 15, 2024.*

___ A monthly payment plan through my/our bank. *All payments completed by May 15, 2024.*

___ A pledge that will be paid no later than May 15, 2024.

___ A gift of marketable securities such as stocks or bonds. Please contact me to make arrangements.

ADDITIONAL WAYS TO GIVE

___ My employer will match this gift. Enclosed is my employer's corporate match form.

___ I/We have friends or family who would like to donate to SVCMS.

Please contact the following people on my behalf:

ACKNOWLEDGMENTS

Please use the following names in all acknowledgements:

___ I/We wish to remain anonymous.

Please return this form and all payments to: SVCMS 1055 Delaware Avenue Longmont, CO 80501 or drop off in the Tuition Payments Box in the Main Office

SVCMS is a 501(c)3 organization. All donations are tax deductible to the extent allowable by law.

Questions? Please email jkemp@svcmontessori.org or see our FAQ at

www.svcmontessori.org/annual-campaign