

Mount Madonna School Senior Legacy Gift Donation/ Pledge Card

☐ Yes! I want to build on my family's legacy at Mount Madonna School through making a donation toward a program, campus facility or campaign that has meaning to me!

I am/We are making this contribution in suppo	ort of:	
☐ Capital Campaign for the New Gym ☐ Scholarships/Financial Assistance		
Other:		
One time donation: ☐ Please apply my book deposit instead of sending me a refund at the end of the school year ☐ Check enclosed ☐ Please bill my credit card (my credit card information is below) ☐ Please deduct from my bank account (my bank account information is below)		
Pledge over time: It is my/our intention to contribute to Mount	ny credit card (<i>my credit card inform</i> n my bank account (<i>my bank accou</i> n	ation is below) nt information is below)
Timing of payments on my pledge: ☐ Monthl	y □ Quarterly □ Yearly	Starting Date:
I/We will make every effort to honor the scope unforeseen circumstances.	and timing of this pledge but reserve the	he right to modify it in the event of
Signature:		Date:
Printed Name:		<u>.</u>
Phone:	Email:	
For Contributions by Credit Card:		
Name on Card:		_
Billing Address:		
Credit Card #:		-
Exp. Date:		
One Charge for: \$	Recurring Charges (as above) of: \$_	
For Contributions by Bank Account De	bit:	
Name on Account:		
Account Holder's Address:		
Routing No.:		
Account No.:		-
One Charge for: \$	Recurring Charges (as above) of: \$_	
On printed materials, please acknowledge this gift in the following manner:		