



# Investment Form

_____ <input type="checkbox"/> Check if this donation is from a business/organization		
Donor 1 Name _____		
Donor 2 Name _____		Name of Business/Organization _____
Street Address _____		Contact Name _____ Position/Title _____
City _____	State _____ Zip Code _____	Best Contact Number _____
Donor 1 E-mail Address _____		Donor 2 E-mail Address _____
<input type="checkbox"/> This gift is ANONYMOUS		
The gift is intended* for:		
<input type="checkbox"/> General Operating Support		
<input type="checkbox"/> Other: Restricted gifts are accepted for pre-school and event sponsorships. Restrictions for any other purpose must be approved by staff.		
<input type="checkbox"/> One-Time Monetary Gift \$ _____		
<small>Amount</small>		
<input type="checkbox"/> Monthly Pledge of _____ by credit card or check.		_____
<small>Amount per month</small>		<small>First Date of Payment</small>
<input type="checkbox"/> Quarterly Pledge of _____ by credit card or check.		_____
<small>Amount per quarter</small>		<small>First Date of Payment</small>
<input type="checkbox"/> Cash <input type="checkbox"/> Check or Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Checking Account <input type="checkbox"/> Auto-Payments (please include voided check)		
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Name (as it appears on card) _____		Billing Address _____
Credit Card Number _____	Expiration Date _____	Security Code _____
Signature (this authorizes the transaction and/or monthly deductions) _____		Date _____
<small>City Garden Montessori School is a 501 © 3 corporation (Federal EIN 43 167 1014). Your donation is tax-deductible to the fullest extent of the law. Contact us at 314.664.7646 or via e-mail at rasheen@citygardenschool.org with any questions.</small>		