



Date _____

I/We pledge a total gift of \$ _____ to support Childpeace Montessori School

Donor Information

Name _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

If not a currently enrolled family, please note your relationship to Childpeace Montessori _____

Gift/Pledge Information

I (we) would like to fulfill my pledge with a one-time contribution

___ Check or Cash

___ Securities *Please have a Childpeace representative call me to arrange my donation.*

___ Credit Card *Please go online to WWW.CHILDPEACE.ORG > SUPPORT CHILDPEACE > DONATE > DONATE NOW to make your donation through our secure processing service*

If contribution is not included with this pledge form, please note approximate date when pledge will be fulfilled _____ (Date). *(To be included in this year's Annual Appeal, contributions need to be received by June 30.)*

I (we) would like to fulfill my contribution in installments—please have a Childpeace representative contact me

Matching Gifts

My gift will be matched by my company/family foundation _____ in the amount of \$ _____
—please attach or forward any matching gift forms to the Childpeace office for submittal.

Acknowledgments

Use the following name(s) in all acknowledgements: _____

___ I (we) wish to remain anonymous

Pledge forms should be mailed or delivered to: Childpeace Montessori School, 1516 NW Thurman Street, Portland, OR 97209

Questions? Please phone the Childpeace office at 503-222-1197