

# Yes! I want to help Grace Montessori School

I wish to make a gift of     \$100     Other \$ \_\_\_\_\_

Annual Fund

Professional Development Fund

Endowment Fund



Enclosed is my check # \_\_\_\_\_

Please make checks payable to Grace Montessori School

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_