Mustard Seed School
Donation Form

Thank you for partnering with Mustard Seed School!

Date:_____

Name_____

Address:_____

City:_____State:_____Zip:_____

Phone:_____Email:_____

Giving Information

Name as you wish to be recognized:_____

❒ I wish to remain anonymous

Relationship to Mustard Seed School (*check all that apply*):

❒ Current Parent ❒ Alumnus/a
❒ Parent of Alum ❒ Grandparent
❒ Friend ❒ Faculty/Staff
❒ Other

My company has a matching gift program. (*If you have the matching gift form, please enclose.*)

Company:_____

This gift is in ❒Honor of ❒Memory of _____

Donation

I wish to make a gift of $_____

❒ Check enclosed (*payable to Mustard Seed School*)
❒ Credit Card (*circle one)*: Visa Mastercard Discover Amex

Card number:_____exp _____security code_____

Card holder name:_____

Card holder signature:_____

❒ This gift is a pledge that I will fulfill:
❒ Monthly ❒ Quarterly ❒ Other_____
❒ Please contact me about giving stocks
❒ I wish to remember Mustard Seed School in my will

Other information

❒ Please contact me about volunteering
❒ I would like to take a tour/bring friends on a tour of Mustard Seed School

Please return this form by mail or fax to:

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