



Please return this form with your tax-deductible donation to Valley Montessori School or contribute online at valleymontessorischool.com

VMS Tax ID: 94-3215556

Your donation will be recognized on a donor wall inside the new building! We will create donor blocks to decorate the wall representing the following giving levels:

\$ 50,000 +
\$ 25,000 +
\$ 10,000 +
\$ 5,000 +
\$ 1,000 +
\$ 500 +
\$ 250 +
\$ 100 +
Up to \$100

This gift is given anonymously.

Yes, I will support the VMS Campus Expansion Project!

- With a contribution of \$ _____ per month (from ___/___/___ to ___/___/___)
Month/Year Month/Year
- With a one-time contribution of \$ _____
- I pledge to contribute \$ _____ and will send payment on ___/___/___

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

E-MAIL ADDRESS _____

PHONE _____

Method of payment (please choose one):

- Check (made payable to Valley Montessori School)
- Monthly auto debt from my account (for ACH option complete back of this card)
- MasterCard / Visa

CARD NUMBER _____

EXP. DATE _____

SIGNATURE _____

My employer has a matching gift program!

COMPANY NAME _____

Questions regarding your support of VMS may be directed to the Development Office at 925.455.8021 ext 212.

Thank you for your commitment and generosity!

Valley Montessori School - Campus Expansion Capital Campaign - Auto Debt Authorization Form

For the convenience of VMS parents, contributions may be made by increasing the monthly amount of the existing auto-debit currently coming from your bank account each month. To use this option, simply complete, sign, and return this form in the enclosed envelope. Monthly auto debits for the VMS Capital Campaign begin on or after December 3rd 2009 and end on or before June 3rd 2011. (Note: monthly donation debits will continue through the summer months, unless otherwise indicated.)

Yes, I would like to contribute to the VMS Campus Expansion Capital Campaign on a monthly basis via ACH. I authorize my auto debit that is currently processed by VMS on the third of each month to be increased by \$ _____ per month, beginning on _____ and ending on _____.
Month/Year Month/Year

Signature

Date

It is understood that : (1) payments will be debited on or after the 3rd day of each month, (2) I understand this is in addition to the monthly tuition currently debited from my account and (3) if the bank account information or charges listed change for any reason, a new authorization form must be completed. I/we hereby authorized Valley Montessori School to initiate debit entries to my/our account: I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. This authorization shall remain in effect until Valley Montessori School has received written notification from me/either of us of its termination in such time and in such manner as to afford Valley Montessori School and depository institution a reasonable opportunity to act upon it or Valley Montessori School provides notification to me/either of us. Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.