



DONATION FORM

Yes! I wish to make a tax-deductible contribution to support the Montessori School of Maui.

Name _____

Address _____

City, State, Zip _____

Preferred Phone (home/work/cell) _____

Email _____

Contribution Amount: \$ _____

Giving Options

- I've enclosed my check, payable to the Montessori School of Maui
- Please charge my: Visa MasterCard American Express

Name on Card _____

Card Number _____ Expiration Date (MM/YY) _____

Signature _____ CVV # _____

How We May Use Your Gift

- Annual Fund (unrestricted gift, our greatest need)
- Tuition Assistance Program
- Hawaiian Scholarship Fund
- Technology Initiative
- Classroom Fund (please name the classroom) _____
- Other _____
- Cynthia Winans-Burns Scholarship Fund (restricted endowment fund)

Print Recognition

- I wish to be acknowledged in any published materials as (name): _____
- I wish to make my gift anonymous

Other

- I have included the Montessori School of Maui in my will or estate.
- I am interested in including the Montessori School of Maui in my will and/or estate plan and I need more information. Please contact me at the number above.

Please return completed form to the address below or give online at www.momi.org. *Mahalo!*

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