



### DONOR INFORMATION FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title, if applicable \_\_\_\_\_

Business Name, if applicable \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Would you like to receive our newsletter? Y/N

Phone #1 \_\_\_\_\_ Cell/Home/Business

Phone #2 \_\_\_\_\_ Cell/Home/Business

Donation Tiers (please select one):

- ☐ Star Fish (up to \$499)
- ☐ Sandpiper (\$500 - \$999)
- ☐ Pelican (\$1,000 - \$2,499)
- ☐ Dolphin (\$2,500 - \$4,999)
- ☐ Manatee (\$5,000 - \$9,999)
- ☐ Sea Turtle (\$10,000+)

Total Donation Amount (in U.S. \$): \_\_\_\_\_

Name of Donor \_\_\_\_\_

☐ **Check here if you do not want the donor name to be publicized.**

Matching Donor, if any \_\_\_\_\_

I would like to make this donation: ☐ on behalf of ☐ in memory of

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Payment info: ☐ cash ☐ check (payable to St Augustine Montessori Community, Inc) ☐ credit card (see below)

Name on Card \_\_\_\_\_ Type of Card: \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV (3-Digit Security Code on Back): \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your generous support of the St Augustine Public Montessori School!**

*St Augustine Montessori School, Inc is a Florida-registered non-profit (Tax ID # 61-1651459). Contributions are tax-deductible.  
For more information please visit our website at [www.staugustinemontessori.com](http://www.staugustinemontessori.com) or email at [info@staugustinemontessori.com](mailto:info@staugustinemontessori.com)*