

# PLEDGE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Your contributions to the Oak Hill Fund help us to sustain excellent faculty, classrooms, and programming.  
Thank you for your support.

I support the students and mission of Oak Hill Montessori with the following contribution:

Will send gift in \_\_\_\_\_ (Please provide month).

Will make \_\_\_\_\_ monthly payments of \$ \_\_\_\_\_ each.

Check enclosed

Full Amount     Partial Payment - Balance sent in: \_\_\_\_\_

Credit Card

Visa     MasterCard

Visa/MasterCard Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code (last three numbers on the back of your card) \_\_\_\_\_

All donors and contributions are celebrated.  
Thank you again for supporting the school with a gift to the Oak Hill Fund!