



2019-2020 Annual Giving Program Pledge Card

Family Last Name: _____		
Email: _____		
Student Name: _____	Grade: _____	Teacher: _____
Student Name: _____	Grade: _____	Teacher: _____
Student Name: _____	Grade: _____	Teacher: _____

Suggested Family Donation		
One Student Family	Two Student Family	Three Student Family
\$100/month or \$1,200 one-time donation	\$200/month or \$2,400 one-time donation	\$300/month or \$3,600 one-time donation

<input type="checkbox"/> Donation information completed on sibling's pledge card. Sibling's Name: _____	
<input type="checkbox"/> I am currently contributing monthly to the AGP. Please continue.	
<input type="checkbox"/> I have set up a recurring monthly pledge of \$_____ or a one-time donation of \$_____ online at www.csmhfoundation.org	
<input type="checkbox"/> Check # _____ payable to CSMH Foundation in the amount of \$_____ is attached.	
<input type="checkbox"/> I donated \$_____ via PayPal to mroensch@csmh.org. (Please click "Sending to a Friend" for no Fee to the Foundation!) Please reference "Annual Giving Program" under notes.	
<input type="checkbox"/> Please charge a one-time pledge of \$_____ to the credit card number below.	
<input type="checkbox"/> Please charge a monthly recurring pledge of \$_____ to the credit card number below.	
Name on Card: _____	Zip Code _____
Billing Address: _____	
Credit Card Number: _____	Expiration Date _____
Cardholder signature _____	Date _____

<input type="checkbox"/> We cannot donate at this time but will look for other ways to contribute.
--

Please state the way you would like your name to appear in the Annual Report (i.e. Smith Family, John and Jane Smith, Jane Smith, Anonymous,): _____
--

TO DOUBLE YOUR IMPACT, PLEASE CHECK TO SEE IF YOUR EMPLOYER OFFERS A DONATION MATCHING PROGRAM.

The Charter School of Morgan Hill Foundation is a recognized 501(c)3 not-for-profit organization (Federal EIN # 46-0905894), making your donations tax deductible to the full extent allowed by the law.