

Thank you for your support of Montessori de Terra Linda's Annual Fund

From your MdTL friends and families

□ I/we would like to make a or	-				Levels of giving
 Check enclosed, made payable to MdTL Annual Fund Credit Card (indicate credit card information below) 					Patron \$10,000 and up
 Installment Payments: I wish to pay \$monthly Include with my monthly MdTL billing (final installment June 2013) Credit Card (indicate credit card information below - final installment June 2013) * * * 					Leader \$5,000 - \$9,999 Benefactor \$2,500 - \$4,999
Matching Gift: Enclosed is my employer's matching gift form					Sponsor \$1,000 - \$2,499
 Please do not include my name in your donor recognition lists * * * 					Friend \$500 - \$999
Credit Card: Visa MasterCard American Express					Associate \$250 - \$499
Card no	Е	Exp. Date			Contributor \$1— \$249
3-Digit Security Code	_ Signature				
Name (as you would like it to appear in the Ar	nnual Report)	* * *			
Address	City		State	Zip _	
Home Phone	Work Phone _				
🗆 Alumnus/a	Current parent	Alumni Parent * * *	Grandparent	Friend	
	ax-deductible. Please a /ou will receive an ackr			tribution.	
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