



YES! I would like to support The Cambridge School

with a tax-deductible gift of:

\$ _____

Tax -eductible gift receipts will be sent to you in January 2017 unless you request another date.

This commitment will be fulfilled as follows:

- \$ _____ monthly quarterly by: _____ / _____ /20
- \$ _____ monthly quarterly by: _____ / _____ /20
- \$ _____ monthly quarterly by: _____ / _____ /20
- \$ _____ monthly quarterly by: _____ / _____ /20

Pledged by:

Name _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Your connection to The Cambridge School: _____

Payment Method:

- FACTS: *Cambridge Parents Only*
- Check Payable to: The Cambridge School
- Credit Card Visa Mastercard AMEX Discover
- Name as it appears on card:* _____
- Credit Card Number* _____
- Expiration Date (mm/yy):* _____
- 3 Digit Security Code* _____
- My gift will be matched by (company name): _____
- I would like to make a gift of stock or other securities:
Please contact the Director of Advancement: jeff@cambridgeclassical.org

Signature (required) _____

Thank You!