

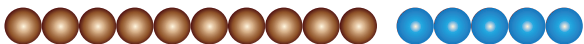
# 2010-2011 KEYSTONE MONTESSORI AUTOMATIC PAYMENT AGREEMENT

I, \_\_\_\_\_  
authorize Keystone Montessori Charter School, Inc. and the financial institution named below to initiate entries to my checking/savings account or charge my credit card listed below. Keystone Montessori is authorized to initiate this transaction in payment of the pledged Sustaining Fund amount indicated below.

Automatic Payments will be made on or about the 15th of each month starting in the month of \_\_\_\_\_ and ending in the month of \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per Month Quarter 6 Months Year for my total pledge of \$ \_\_\_\_\_.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Bank Draft Option:** I agree that Keystone Montessori may automatically issue a direct payment from my bank account in the agreed amount as indicated below. I can cancel this automatic payment at any time by advising Keystone Montessori of my change in payment method and completion of associated documentation. This authority will remain in effect until I notify Keystone Montessori in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution \_\_\_\_\_

Name – Please Print \_\_\_\_\_

Address – Please Print \_\_\_\_\_

(Please circle one):          Checking          Savings

Account No. \_\_\_\_\_

Financial Institution Routing Number  
(between these symbols 1: 1: on bottom left of your check):  
\_\_\_\_\_



**Credit Card Option:** I agree that Keystone Montessori may automatically charge my credit card account in the agreed amount as indicated below. I can cancel automatic payment at any time by advising Keystone Montessori of my change in payment method and completion of associated documentation. This agreement remains in effect until canceled by Keystone Montessori, my bankcard company or me.

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

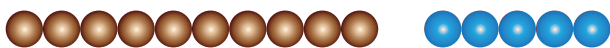
Credit Card Holder's Name \_\_\_\_\_

Credit Card  
Holder's Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

*Keystone Montessori  
2010-2011  
Sustaining Fund Campaign*



*Celebrating  
15 Years of  
Following the Child*

Yes, I/we want to support an authentic  
Montessori education for our Keystone children!

My/our total ANNUAL contribution is \$ \_\_\_\_\_

I/we intend to pay this pledge in full by  
June 30, 2011 according to the following schedule:

Annually on \_\_\_\_\_ by  Check  Credit Card

Monthly installments beginning on \_\_\_\_\_ and  
ending \_\_\_\_\_.

(Automatic payments are available for your convenience.  
Please complete the automatic payment information on the  
reverse.)

My gift will be matched by my employer

\_\_\_\_\_ in the additional amount of

\$ \_\_\_\_\_

Include me in donor recognition lists as:

\_\_\_\_\_

I prefer to remain anonymous.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Keystone Montessori is a 501(c)(3) nonprofit educational organiza-  
tion. Federal ID#86-0941637. Your gift is tax deductible to the fullest  
extent allowable by law. Please consult your tax advisor.

*Thank You!*