



Yes, I would like to contribute to the Annual Fund!

The entire Harborlight community appreciates your generosity and thanks you for your support. We are grateful for any gift, no matter the size.

Phone: 978-922-1008

Fax: 978-922-0594

Email: jsargent@harborlightmontessori.org

Tax ID: 042-680-395

Name: _____

Phone: _____

Address: _____

Cell Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Amount of Pledge \$ _____ Unrestricted Designated Fund: _____
(Please indicate specific fund preferred)

Method of Payment

- Check: Make payable to Harborlight Montessori School
- Visa
- American Express
- Please add my gift to my Harborlight invoice
- MasterCard
- Discover

Credit Card #: _____ Exp. Date: _____ / _____

Signature: _____



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