

Montestarry Night

SPONSORSHIP INFORMATION

CONTACT INFORMATION

Business/Family Name: _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Email: _____ Phone: _____

SPONSORSHIP PAYMENT INFORMATION

☐ Check enclosed (made payable to Montessori School of Waukesha)

☐ Please charge my credit card in the amount of:

Card Number: _____ Exp Date: _____

Billing Address (if different from above): _____

City: _____ State: _____

Zip: _____

Sec. Code: _____

GIFT CARD RAFFLE DONATION

Card value: _____

☐ Donation Enclosed

☐ Arrange for pick-up

☐ Will send or deliver



MONTESSORI
School of Waukesha

Thank you for your donation and for supporting Montessori School of Waukesha. Donation receipt sent upon sponsorship receipt.
501(c)(3) Educational Organization | Federal Tax ID #39-1154462