



**Donation Information**

Please designate my gift to:

2013 – 2014 Living Legacy Teacher Education Scholarship Fund

honoring Dr. John Chattin-McNichols \$ \_\_\_\_\_

Annual Fund \$ \_\_\_\_\_

Peace Fund \$ \_\_\_\_\_

TOTAL CONTRIBUTION \$ \_\_\_\_\_

Please return to:

American Montessori Society

116 E. 16th Street, FL 6

New York, NY 10003

Attention: Kristine Cooper

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your name as you would like it to appear in our Annual Report:

\_\_\_\_\_

I would like my gift to remain anonymous

**Billing Information**

Credit Card:  American Express  Discover  MasterCard  VISA

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