

Please make your generous donation to the Annual Appeal Campaign!

Donation Information

Please designate my gift to:			
\square 2012 – 2013 Living Legacy Teacher Educa	tion Scholarship Fund:		
Honoring Dr. Joyce Pickering	\$		
□Annual Fund	\$		
□Peace Fund	\$		
TOTAL CONTRIBUTION	\$		
Your name as you would like it to appear in o	our Annual Report:		
	0766308. Your gift is tax deductible to the extent permitted		
Personal Information Name:			
Address:			
City/Province:	ZIP/Postal Code:		
Country:			
	Phone Number:		
□A matching gift is available from my compa	ny. Please contact me.		
□Please contact me regarding gifts of securiti	ies.		
□I have made provisions for AMS in my will/	estate plan. Please contact me for more information.		
□I would like my gift to remain anonymous			
AMS Member? □Yes □No			
Please Select: □Head □Teacher □Parent	t □Friend □School □Teacher Educator		
Other			

Billing	Inform	ation
---------	--------	-------

Credit Card (select one):	□VISA	□ MasterCard	□Discover	
Name (as printed on card):				
Address:				
City:				
State/Province:				
ZIP/Postal Code:				
Country:				
Credit Card Number	Expiration Date	۵.		

Please return to:

American Montessori Society Attention: Kristine Cooper 116 E. 16th Street, Fl 6 New York, NY 10003

P: 212-358-1250 F: 212-358-1256