



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

Name (as printed on card): _____

Address: _____

City: _____

State/Province: _____

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Credit Card Number: _____ Expiration Date: _____

Signature: _____