



# TLS Annual Fund BE PART OF IT

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

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

\_\_\_\_\_

## I SUPPORT THE LITTLE SCHOOL

\$ \_\_\_\_\_

(Indicate the total amount of your gift or pledge only; do not include matching funds in this amount.)

- ☐ My gift is enclosed. (paying by cash or check)
- ☐ Please charge ☐ once for the full amount indicated above.
- ☐ \$ \_\_\_\_\_ per month for \_\_\_\_\_ months. (To be fulfilled no later than May 31, 2023.)
- ☐ FACTS account (Available to families currently using FACTS at TLS.)
- ☐ Visa ☐ Mastercard ☐ AmEx ☐ Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

- ☐ I intend to recommend a grant from a donor advised fund or foundation.
- ☐ My gift will be paid with stock.
- ☐ My gift will be paid through a workplace giving program.
- ☐ Please accept my pledge to be paid in full by June 30, 2022.
- ☐ My gift will be matched by \_\_\_\_\_.
- ☐ I have included The Little School in my estate planning.

Please list my name in the annual report as:

\_\_\_\_\_



participate