

ANNUAL DONATION – CLOSE THE GAP!

Syringa Mountain School Optional Donation Form

We thank you for any amount you are able to contribute to help fund the unique educational opportunities we offer your child at SMS!

Printed Name: _____ Date _____

Signature: _____

Yes, I wish to contribute to Syringa Mountain School for Close the Gap. Please charge my credit card or bank account below according to the following terms:

☐ I would like to contribute **monthly**.

Start month of donations: _____

End month of donations: AUGUST, 2017

Monthly amount: _____ (will be charged 1st week of each month)

☐ I would like to contribute a **one-time amount**.

One-time amount: _____

(Minimum amount of \$30 per month via credit card due to processing fees)

Credit Card (circle one): Visa MasterCard Discover American Express

Credit card number: _____

Expiration Date: _____ CCV: _____

Name on Card: _____

Bank Account:

Bank Name: _____ Account

Type: _____

Name on Account: _____

Routing Number: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for monthly recurrence only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.