

Roycemore School Margin of Excellence Recurring Gift Form

Name(s): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

I/We pledge \$ _____.

Please charge \$ _____ to my credit card
each month for _____ months, beginning with
(date) _____.

Visa Mastercard American Express

Card # _____

Exp. Date _____

Signature _____

Charge my credit card \$ _____
quarterly (November, February, April, June).

I/we wish to make a recurring gift by *check*.
Please send me monthly reminders
of \$ _____ or quarterly reminders
of \$ _____.

I/we wish to make an electronic transfer each
month. Please contact me at _____.

*Return in the business reply envelope provided or
mail to: ATTN: Shari Burton, Roycemore School,
640 Lincoln Street, Evanston, IL 60201.*