



# PLEDGE CARD

Join Online at [BetterSchoolsforMissouri.com](http://BetterSchoolsforMissouri.com)

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 District \_\_\_\_\_  
 School Building \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

### Donation Levels

- |  |                                   |   |
|--|-----------------------------------|---|
| Basic                                    | <input type="checkbox"/> \$30     | <input type="checkbox"/> \$2.50/month   |
| Bronze (Recommended for Principals)      | <input type="checkbox"/> \$60     | <input type="checkbox"/> \$5/month      |
| Silver (Recommended for Superintendents) | <input type="checkbox"/> \$120    | <input type="checkbox"/> \$10/month     |
| Gold                                     | <input type="checkbox"/> \$180    | <input type="checkbox"/> \$15/month     |
| Platinum                                 | <input type="checkbox"/> \$240+   | <input type="checkbox"/> \$20+/month    |
| Other                                    | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____/month |

Please fill out the payment information on the back of this card. Donations are accepted via: personal check, district payroll deduction, credit card, or through a bank account draft from your checking or savings account.

Please return this card with your form of payment to:

**Better Schools for Missouri**  
3550 Amazonas Dr.  
Jefferson City, MO 65109

Donations can also be made online through our website:

**BetterSchoolsforMissouri.com**

**SEE BACK FOR PAYMENT OPTIONS**

PAID FOR BY BETTER SCHOOLS FOR MISSOURI

## BETTER SCHOOLS FOR MISSOURI PAYMENT OPTIONS

### Personal Check

I have enclosed a personal check.

### Payroll Deduction

My district offers a payroll deduction option and I would like to contribute \$ \_\_\_\_\_ each month for a period of \_\_\_\_\_ months.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Credit Card

Visa  Mastercard  Discover

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

Expiration Month \_\_\_\_\_ Year \_\_\_\_\_ CVV \_\_\_\_\_  
Last three digits on back

This is a one-time donation of \$ \_\_\_\_\_.

Electronically withdraw \$ \_\_\_\_\_ starting the month of \_\_\_\_\_ for a period of \_\_\_\_\_ months.

### Credit Card Billing Information

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

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Bank Draft

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Checking Account  Savings Account

This is a one-time donation of \$ \_\_\_\_\_.

Electronically withdraw \$ \_\_\_\_\_ starting the month of \_\_\_\_\_ for a period of \_\_\_\_\_ months.

### Bank Account Information

Name on Account \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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