



SMCNS Annual Fund

Help support developmental play and the nurturing of children, parents, and families.

Full Name: _____

SMCNS Alumni Name(s): _____

Billing Address: _____

Phone: _____ Email: _____

Credit Card: _____

Expiration: _____ Security Code: _____

Your SMCNS donation will be acknowledged in our monthly newsletter.

Please circle desired participation level:

\$50	\$1000
\$100	\$2500
\$250	\$5000
\$500	\$Other _____

_____ I wish to remain anonymous.

_____ My employer will match my gift.

Employer: _____

All gifts are 100% tax deductible.

Checks should be made payable to Sierra Madre Community Nursery School. Please write 'Annual Fund' in the memo section.

Please return this form with your donation to the school office OR mail to:
701 E. Sierra Madre Blvd., Sierra Madre, CA 91024

Questions? Email us at info@smcns.org

Tax ID# 95-1684090

We thank you for your support!