



PLEDGE CARD

Join Online at 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 Drive
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
TREASURER, MELISSA LARGENT
3550 AMAZONAS Drive, Jefferson City, Mo 65109

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 ☐ Master Card ☐ Discover ☐ AmEx

Card Number _____

Expiration Month _____ Year _____ CVV _____
(last three digits)

☐ This is a one-time donation of \$ _____

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

Signature _____ Date _____

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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