



Daylight
Center & School

Pledge to Help Sustain a Classroom!

Monthly Amount:

☐ \$30 ☐ \$60 ☐ \$150 ☐ \$300 ☐ \$900 ☐ Other \$_____

Or ☐ One-Time Gift: \$_____

Classroom Preference (for grade level partners):

☐ 4th Grade ☐ 5th Grade ☐ 6th Grade ☐ 7th Grade

Name _____

Phone _____

Email _____

Address _____

City _____ State _____ Zip Code _____

Payment Information:

Start Date _____ End Date (if applicable) _____

☐ I'll send a check each month to: Daylight Center & School, PO 40533, St. Paul, MN 55104

☐ I'll set up Bill Pay so my bank will send the monthly check for me

☐ I'll set up a recurring gift at www.daylightcenter.org/classroom/

☐ I'll make a one-time gift via ☐ Check ☐ Bill Pay ☐ online donation at www.daylightcenter.org/support-us/

For more information about contributing to Daylight, please contact info@daylightcenter.org

THANK YOU for supporting Daylight!

Please mail this form to:

Daylight Center & School

PO Box 40533

St. Paul, MN 55104