

PAYMENT OPTIONS

Checks

Please make all checks payable to The Prout School.

Credit Card

Starting in _____, please charge \$ _____ to my credit card monthly until the total amount pledged on the front of this form is paid in full. The deduction will be made on or after the 5th of each month.

Visa MasterCard Discover American Express

Name as it appears on the card: _____

Card #: _____

Expiration Date: _____ CVV: _____

Signature: _____ Date: _____

Daytime Phone: _____

Automatic Withdrawal

Starting in _____, please deduct \$ _____ from my checking account monthly until the total amount pledged on the front of this card is paid in full. The deduction will be made on or after the 10th of each month. PLEASE ATTACH A VOIDED CHECK or provide the following:

Name of financial institution: _____

Routing & Transit Number: _____

Checking Account Number: _____

Please return this completed form, and any payments, to:

Office of Institutional Advancement

The Prout School

4640 Tower Hill Road

Wakefield, RI 02879

For more information on planned giving, gifting stock, or any other question, contact Nicole Kelly, Director of Institutional Advancement at The Prout School, at nkelly@theproutschool.org or at (401) 789-9262 x 537.

Thank you for your support of The Prout School!