



Every Child. Every Day.

Mail to:
Manhattan Beach
Education Foundation:
P.O. Box 1110
Manhattan Beach, CA 90267

The Manhattan Beach Education Foundation is a community-driven fundraising organization, which supplements state funding for programs that inspire learning, enrich teaching, and promote innovation and academic excellence in the public schools of Manhattan Beach.

Help us fund better schools and bigger dreams.

MBEF Funded Programs:

- MakerSpace – Assistants and TOSA
- Smaller Class Sizes: K-3, 6-12
- Technology TOSAs
- Elementary Science and STEM Specialists
- Elementary PE
- Assistant Principals
- Librarians at every school
- Literary and Writing TOSA
- Math TOSA
- Music Teachers – 48% district-wide
- MBMS STEM and Wheel Electives
- MCHS Science Lab Assistant
- College, Career and Guidance Counselors
- MCHS and MBMS Extra Period Classes
- Innovation Grants to Teachers and Stipends for Teachers of the Year
- Reading Specialists

DONOR LEVELS

Visionary \$25,000+	Innovator \$15,000+	Benefactor \$10,000+	Steward \$7,500+
Leader \$5,000+	Advocate \$3,500+	Patron \$1,750+	Partner \$500+

DONATION AMOUNT

My 2017-2018 Gift: \$ _____

Suggested amounts:
\$1,750 (one child) \$3,500 (two children) \$5,250 (three children)

Please be as generous as you can. Thank you.

To donate by phone, call **310.303.3342**.
To donate online, visit mbef.org/givetoday/
Tax ID# 95-3881166

PAYMENT METHOD

- My check is enclosed (payable to MBEF) Charge my credit card today
 Set up installments. Charge my card \$ ____ monthly for __ months

Pledge Now, Pay Later (all pledges must be paid in full by June 1, 2018)

Charge my card on ____/____/____

Give 'til Graduation

I would like to "Give 'til Graduation." Please call me to confirm.

Credit Card Information

Name on card _____
Amex Visa MC # _____
Signature _____
Expiration _____ CVC _____

Matching Gift info – My company will match

Yes No Company name: _____

Please complete the information below.

Mr. Mrs. Ms. Dr.

Name First _____ Last _____

Phone Home Cell _____ Email _____

Home Address _____ City _____ Zip _____

Billing Address (if different from above) City _____ Zip _____

This is a new address

Spouse Mr. Mrs. Ms. Dr.

Name First _____ Last _____

Phone Home Cell _____ Email _____

I want my gift to be anonymous; my name will not be included in the Annual Report & Honor Roll

Parent Grandparent Alumni/Class of _____

Parent of Alumni Community Supporter MBUSD Employee

Child	School	Grade
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____