



# The Power of Possible.

**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:

- Class Size Reduction
- MCHS Elective Enhancement/Zero Period
- Distance Learning Support
- Teacher Innovation Grants
- Elementary PE Teachers
- Assistant Principals
- College and Career Counselors
- Guidance and Academic Counselors
- Reading Specialists
- Library Resource Specialists
- Music Instruction
- Elementary and Secondary Math TOSA
- MCHS Science Lab Assistant
- MBMS STEM and Wheel Electives
- Elementary Science Specialists

### DONOR LEVELS

<b>Visionary</b> \$25,000+	<b>Innovator</b> \$15,000+	<b>Benefactor</b> \$10,000+	<b>Steward</b> \$8,000+	<b>Leader</b> \$6,000+
<b>Advocate</b> \$4,000+	<b>Patron</b> \$2,000+	<b>Partner</b> Below \$2,000		

Visit [mbef.org/give](http://mbef.org/give) today for benefits.

### DONATION AMOUNT

My Gift: \$ \_\_\_\_\_

*Suggested amounts:*  
\$2,000 (one student) \$4,000 (two students) \$6,000 (three students)

All gifts are tax deductible. **MBEF Tax ID#** 95-3881166

To donate by phone, call **310.303.3342**.  
To donate online, visit [mbef.org/givetoday](http://mbef.org/givetoday)

Thank you!

### 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 1st)

Charge my card on \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Credit Card Information

Name on Card \_\_\_\_\_

Amex Visa MC # \_\_\_\_\_

Signature \_\_\_\_\_

Expiration \_\_\_\_\_ CVC \_\_\_\_\_

#### Matching Gift Information

I will submit my donation to my company's matching gift program.

Yes  No Company Name: \_\_\_\_\_

## Please complete the information below.

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 Name First \_\_\_\_\_ Last \_\_\_\_\_

Phone  Home  Cell \_\_\_\_\_

Email \_\_\_\_\_

I want my gift to be anonymous and understand 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.	_____	_____