



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.

Thank you for your support.

MBEF Funded Programs

- Class Size Reduction
- MCHS Elective Enhancement/Zero Period
- Elementary MakerSpace
- Teacher Innovation Grants
- Elementary PE Teachers
- MBMS Assistant Principal
- College and Career Counselors
- Guidance and Academic Counselors
- Social Inclusion Grants
- Library Resource Specialists
- Music Instruction
- Math TOSA-Teacher On Special Assignment
- MCHS Science Lab Assistant
- MBMS STEM and Wheel Electives
- Elementary Science Specialists

DONOR LEVELS

| | | | | |
|-------------------------------|-------------------------------|---------------------------------|----------------------------|---------------------------|
| Visionary \$25,000+ | Innovator \$15,000+ | Benefactor \$10,000+ | Steward \$8,000+ | Leader \$6,000+ |
| Advocate \$4,000+ | Patron \$2,000+ | Partner Below \$2,000 | | |

Visit 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

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. | _____ | _____ |