



COMMUNITY PARTNER PROGRAM COMMITMENT FORM

Community Partner Level

- \$50,000 CHAMPION
- \$25,000 VALEDICTORIAN
- \$10,000 BENEFACTOR
- \$5,000 LEADER
- \$1,500 FRIEND

Contact

Company/Agent Name (as you wish it to appear for Community Partner Program recognition materials)

Contact Name First Last

Company Name Title

Address Street Business Home

City State Zip

Phone Home Office Cell Website

Email

Payment (By mail or email)

By Credit Card Please charge my credit card \$ _____

By Check: Please mail this form and check payable to:
Manhattan Beach
Education Foundation
P.O. Box 1110
Manhattan Beach, CA 90267

Cardholder Name

By Email: marian@mbef.org

Credit Card # Expiration Date CVV#

I understand and agree all donations made are final and non-refundable. Your donation is tax-deductible to the full extent of the law.

Signature of Commitment Date

