

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	r email)		
By Credit Card Please charge my credit card \$			By Check: Please mail this form and check payable to: Manhattan Beach Education Foundation
Cardholder Name			P.O. Box 1110 Manhattan Beach, CA 90267
Credit Card #		Expiration Date CV	──── ■ By Email: marian@mbef.org V#

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



Manhattan Beach Education Foundation 310.303.3342 | www.mbef.org

TO COMPLETE YOUR ENROLLMENT

Submit this form along with your business logo and URL to:

Marian Guirguis Community Relations Director marian@mbef.org | 310-303-3342