Your Donation.

2026-2027 **ANNUAL APPEAL** ONLY POSSIBLE THROUGH YOUR SUPPORT

The **Manhattan Beach Education Foundation** is committed to ensuring all students have access to a well-rounded academic program and a vast array of enrichment opportunities. Donations to MBEF's Annual Appeal each year are a critical part of supporting the robust learning programs and specialized educator positions that shape the exceptional education in our schools.

We cannot do this without you. We ask each family to consider a donation of $2,500 per student. If that is not possible, please give at a level within your means. Every gift — no matter the size — makes a difference, and your participation in the Annual Appeal matters.

DONOR LEVELS

Visit **www.mbef.org** for benefits associated with each Donor Level. All gifts are tax deductible. MBEF Tax ID# 95-3881166.

Visionary	Innovator	Benefactor	Leader	Advocate	Patron	Partner	Friend
$25,000+	$15,000+	$10,000+	$7,500+	$5,000+	$2,500+	$500+	$499 and below

WAYS TO DONATE

To donate by phone, call **310.303.3342**
To donate online, visit **www.mbef.org/givetoday**
To donate by mail, complete the form below and mail to: **MBEF, P.O. Box 1110, Manhattan Beach, CA 90267-1110**

DONOR INFORMATION

☐ Parent ☐ Grandparent ☐ Alumni Family ☐ Community Supporter ☐ MBUSD Employee

Contact Name First _____ Last _____

Home Address ☐ New address Street _____ City _____ State _____ Zip _____

Billing Address ☐ Same as above Street _____ City _____ State _____ Zip _____

Email _____ **Phone** ☐ Home ☐ Office ☐ Cell _____

Spouse Name First _____ Last _____

Spouse Email _____ **Phone** ☐ Home ☐ Office ☐ Cell _____

1/ Student Name _____ School _____ Grade _____

2/ Student Name _____ School _____ Grade _____

3/ Student Name _____ School _____ Grade _____

4/ Student Name _____ School _____ Grade _____

DONATION AMOUNT

Please consider donating the ASK of $2,500 per student to help fund the many programs and educators supported by MBEF.

$_____

Our Family Donation

☐ I prefer my gift be anonymous and understand my name will not be included in the Annual Report & Honor Roll.

Matching Gift Company Name _____

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

Thank you!

PAYMENT METHOD

All donations must be paid in full by June 30, 2027.

☐ My check is enclosed (payable to MBEF). ☐ Charge my credit card today.

☐ **Set up installments.** Charge my card $_____ monthly for _____ months.

☐ **Pledge** $_____ now and pay on _____ / _____ / _____.

Name on Card First _____ Last _____

Card Number ☐ AmEx ☐ Visa ☐ MC **Card Exp** **CVC**

Signature _____

MBEF

MANHATTAN BEACH EDUCATION FOUNDATION
WWW.MBEF.ORG | 310.303.3342