



Patron Drive Donation Form

Please complete this form and return it along with your donation check in an envelope to your student's teacher to ensure participation credit for his/her class. Please write **Attn: MBES Foundation** on the outside of the envelope. Thank you for your donation to MBESF! Questions? Please contact us at patron@mbesf.org.

Donor Information

Donor Name(s)	
Mailing address	
City, State Zip Code	
Phone	
Email	

Mt. Bethel Student(s) Information

Name	Teacher	Grade

Tax Deductible Donation Information - Any donation amount will earn a participation credit for each student's classroom.

- \$125 per student X _____ students = \$ _____ total donation
 \$500 \$750 \$1000 \$2,500 \$5,000
 Other Amount: \$ _____

Corporate Matching Information (please check one)- Please see www.doublethedonation.com/mbesf to see if your company matches.

- My/My spouse's employer _____ offers a matching contribution, I have contacted my Benefits Department to initiate the corporate matching process.
 My/My spouse's employer _____ does not offer a matching contribution.

Please contact corporatematching@mbesf.org with any questions you may have about corporate matching.

Payment Options (please check one)

Please make checks payable to: **Mt. Bethel Elementary School Foundation.**

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