



Annual 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 Supporting Excellence through your donation to MBESF! Questions? Please contact us at treasurer@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 - A minimum donation of \$125 per student 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.

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

For Foundation Use Only. FI# _____