



DONATION FORM

Name(s): _____

Names will be listed in our annual brochure unless you choose to be anonymous (see below).

Street address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Date: _____ Amount: _____

I would like to pay by: _____ Check _____ MasterCard _____ Visa _____ AmEx

Please make your check payable to Berkeley Heights Education Foundation.

Card #: _____ Exp: _____

Name on card: _____

Signature: _____

_____ I/we would like this gift to be anonymous.

_____ I/we would like to volunteer for the BHEF.

_____ My company has a matching gift program.

Company name: _____

Please complete and enclose your company's matching gift form.

Please send this form along with your payment to:

Berkeley Heights Education Foundation

P.O. Box 182

Berkeley Heights, NJ 07922-0182

The Berkeley Heights Education Foundation has received tax-exempt status under Section 501(c)(3) of the Internal Revenue Code. Accordingly, all donations are tax deductible to the extent allowable by law. Information filed with the Attorney General concerning this charitable solicitation may be obtained from the Attorney General of the State of New Jersey by calling (609) 504-6215. Registration with the Attorney General does not imply endorsement.