



P.O. Box 407, Beverly, Massachusetts 01915

[www.bevedfoundation.org](http://www.bevedfoundation.org)

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## MAILING DONATION FORM

The Beverly Education Foundation, Inc. promotes excellence in the Beverly Public Schools by awarding grants for funding innovative initiatives in teaching and learning, by stimulating inclusive educational excellence, and by providing equal opportunities for all Beverly Public School students.

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Name(s) \_\_\_\_\_

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I'd like to make a  Monthly  Annual  One-time donation of \$ \_\_\_\_\_

Please process my donation on the  1<sup>st</sup> of the month **OR**  15<sup>th</sup> of the month

Please apply my donation to:  General Fund  1 to 1 Learning Initiative  Teacher/Parent Grants

Honor a Teacher (Please specify Teacher / School in comments)

\$25  \$50  \$100  \$350 \$ \_\_\_\_\_ Other Amount

**Start Date:** \_\_\_ / \_\_\_ / \_\_\_ (month/date/year) **End Date:** \_\_\_ / \_\_\_ / \_\_\_ (month /date/year)

Comments: \_\_\_\_\_

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I plan to make this donation in the form of  Checking Account **OR**  Credit Card



Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_ / \_\_\_

**Enclosed is a voided check OR credit card information for my donation.** Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at [www.bevedfoundation.org](http://www.bevedfoundation.org) or by contacting The Beverly Education Foundation, Inc by email or mail. All donations provided to The Beverly Education Foundation, Inc. comply with U.S. Law.

**Signature** (Required) \_\_\_\_\_ **Date** \_\_\_\_\_

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