



BEF

Brookfield Education Foundation

DONATION FORM

Name: _____

Address: _____

Phone: _____

Email: _____

Enclosed is my/our gift of:

Benefactor _____ \$10,000 - \$24,999

Scholar _____ \$500 - \$999

Founder _____ \$5,000 - \$9,999

Contributor _____ \$250 - \$499

Educator _____ \$2,500 - \$4,999

Friend _____ \$100 - \$249

Leader _____ \$1,000 - \$2,499

Supporter _____ \$25 - \$99

Other/Inkind: _____

My/our personal gift will be matched by: _____

(company name, please enclose matching gift form provided by employer)

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This gift is in honor/memory (circle one) of: _____

Address of honoree/family to notify of this gift: _____

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_____ **I/we prefer to remain anonymous.**

Thank you for your gift. Please return this form and your contribution to the PO box shown below.