



Scholars Circle

- Scholar \$2,500 - \$4,999
- Principal \$5,000 - \$7,499
- Asst. Superintendent \$7,500 - \$9,999
- Superintendent \$10,000 - \$14,999
- Trustee \$15,000 - \$19,999
- Innovator \$20,000 and above

Your tax-deductible donation helps fund critical programs at our schools. It's the best way to ensure that our students receive an exceptional education. California state funding is not enough to cover the cost of the education our children deserve. Giving to BCE locally makes all the difference!

This year, **BCE is asking parent donors for a suggested donation of \$1,250 per student or about \$100 per month.** We know that not every family has the capacity to give at this level, but every donation of any amount matters and impacts every child in the district.

Please give as generously as you can. Thank you!

Donor Name _____ E-mail _____ Partner Name _____ E-mail _____ Address _____ City _____ State _____ Zip _____ Contact Number _____ #Children in BSD Schools _____ School(s) _____ BCE lists first and last names in our annual report. If you prefer a different listing, specify here _____ <input type="checkbox"/> I would like my name to remain anonymous. Your name will not be included on any public list. <input type="checkbox"/> My employer, _____ will/may match my donation. List your employer's name to help determine if a matching program could increase your donation to BCE.	I'm donating the following amount now: <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> other amount \$ _____ <input type="checkbox"/> Single Gift - I've enclosed my check made payable to BCE (preferred) or please charge my credit card for the total amount above. <input type="checkbox"/> Monthly Recurring Payments - Charge my credit card \$_____ per month OR Debit my checking account \$_____ per month (Our preferred method; enclose a voided check) _____ Visa/MC/DISC # _____ _____ Exp. Date _____ CVC# _____ Name on Card _____ Billing Address _____ *if different _____
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Please complete this form and mail to: BCE, P.O. Box 117730, Burlingame, CA 94011-7730 OR
 DONATE ONLINE: www.bcefoundation.org/donate Questions? Email: info@bcefoundation.org