

# BERKELEY HEIGHTS EDUCATION FOUNDATION DONATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

I would like to pay by \_\_\_MasterCard \_\_\_ Visa \_\_\_ Amex \_\_\_ Check  
(Make checks 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 business has a matching gift program. (Please include company's matching gift form.)

Business name \_\_\_\_\_

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.*