



## Annual Giving Fund

My donation to the BEF Annual Giving Fund is \$\_\_\_\_\_.

\_\_\_ I would like to pay for my donation using an installment plan:

Please bill me: \_\_\_4 quarterly installments \_\_\_ 6 monthly installments  
\_\_\_12 monthly installments

Please make check payable to the **Bloomfield Educational Foundation**  
and mail to:

**Bloomfield Educational Foundation, PO Box 327, Bloomfield, NJ 07003.**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Cellular Number \_\_\_\_\_

\_\_\_ I am arranging for a matching gift of \$\_\_\_\_\_ from  
\_\_\_\_\_ Company.

NEWS FOR THE BEF NEWSLETTER:

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*Our students thank you for your support!*