

DONOR'S NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

EMAIL: _____

STUDENT(S): _____

SCHOOL(S): _____

Please withhold my name from public acknowledgment (anonymous)

ENCLOSED IS MY TAX-DEDUCTIBLE CONTRIBUTION:

\$5,000* \$2,500*

\$1,000* \$500*

\$365 (\$1/day) \$150

\$100 \$50

Other: \$ _____

*Yes, I want a license plate frame
(minimum \$500 donation required)

PLEASE MAKE CHECKS PAYABLE TO AEF

CREDIT CARD CONTRIBUTIONS AND RECURRING GIFTS

MAY BE MADE ONLINE AT

WWW.ARCADIAEDFOUNDATION.ORG

Arcadia Educational Foundation

P.O. Box 660009, Arcadia, CA 91066-0009

Phone: (626) 447-2165 | Fax: (626) 821-6607

Email: info@ArcadiaEdFoundation.org

PLACE
POSTAGE HERE
IF SENT BY
USPS

AEF 
P.O. Box 660009
Arcadia, CA 91066-0009

ENVELOPES MAY BE RETURNED DIRECTLY TO YOUR STUDENT'S SCHOOL SITE OR MAILED TO AEF VIA USPS