



**Burlingame Community for Education Foundation**

Post Office Box 117730 · Burlingame, CA 94011-7730  
(650) 259-3824 · www.bcefoundation.org

**Monthly Donation Agreement**

I wish to donate to BCE by equal monthly installments to be deducted from my account as follows:

Debit  Credit

Name (as it appears on the card): \_\_\_\_\_

Name(s) for annual report: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Monthly Installment: \$ \_\_\_\_\_

\$500 sponsors one child <i>\$42 a month per year</i>	\$1,500 Patron <i>\$125 a month per year</i>	\$5,000 Founder's Circle <i>\$417 a month per year</i>
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\$1,000 Scholar <i>\$84 a month per year</i>	\$2,500 Benefactor <i>\$209 a month per year</i>	\$10,000 Honor's Circle <i>\$834 a month per year</i>
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Please continue this monthly debit until I stop it or until: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please indicate school(s) your child(ren) attend and how many at each school

BIS \_\_\_\_\_ Franklin \_\_\_\_\_ Lincoln \_\_\_\_\_

McKinley \_\_\_\_\_ Roosevelt \_\_\_\_\_ Washington \_\_\_\_\_

Please indicate the number of children in each grade level

Pre-K \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

Contact me about Employer Matching / United Way / Stock Donation

Please keep my/our donation anonymous

If you have questions, please contact Ricardo Ortiz, BCE Executive Treasurer – ricardo.ortiz@cnb.com or 650-696-6403.