



Bethel Education Foundation DONATION FORM

Donor's Name _____

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Donated Item: **Item** **Gift Certificate**

Detailed description: (including size, color, dimension, etc)

Restrictions, if any: (expiration dates of items, special use, etc) : _____

Estimated Market Value of Item: \$ _____

Item to be: Dropped off/mailed to: _____

Pick up, please indicate date/time for pick up _____

Donor's Signature _____

Phone _____

Please return this form to:

BEF Benefit Committee, PO Box 92, Bethel, CT 06801
www.betheledfoundation.org | bethelctedfoundation@yahoo.com
501(c)(3) Non-Profit Organization Tax ID Number: 26-0133116

"Promoting innovation, creativity and excellence in learning for our children and the community."
Thank you for your donation to the Bethel Education Foundation.