



When contributing to the MBI Educational Foundation scholarship endowment, please return this form to: MBIEF, 944 Glenwood Station Lane, Suite 204, Charlottesville, VA 22901 USA, 434-296-3361 fax.

Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State/Province: _____ Postal Code: _____

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Individual Contributions: (please circle)

\$100 \$250 \$500 \$1,000 Other _____

Corporate Contributions: (please circle)

\$1,000 \$2,500 \$5,000 \$10,000

Other _____

By Pledge:

I authorize my total pledge payment of \$_____ to be paid over _____ months or _____ years.

Payment Method:

____ Check ____ Credit Card (please circle)
AmEx Visa Mastercard Discover

Cardholders Name: _____

Card Number: _____

Security Code: _____ Exp. Date: ____/____

Cardholder's Signature: _____

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