



MEMBERSHIP FORM
Annual Minimum Membership = \$20.00

Name _____

Home Address _____

City, State, Zip _____

School _____

Lump Sum Payment

\$ _____

Charge my Credit Card

Circle one: MasterCard Visa Discover American Express

Account#: _____ Expiration Date: _____

3-Digit Security Code: _____ Zip Code for Credit Card statement: _____

Payroll Deduction

I authorize Bay District Schools to deduct the indicated amount from my salary/wages per month/pay period. This payroll deduction remains active until a request for it to be discontinued is submitted in writing.

Payroll deduction: \$ _____ per pay period = _____ per year.

Social Security # (only for payroll deduction) _____

Signature

Date

Bay Education Foundation is an independent not-for-profit 501(c)(3) organization. Gifts are tax deductible at IRS determined rates.