

SANTA BARBARA

**PARTNERS IN EDUCATION**

*Keeping Children at the Center*

I want to make a financial contribution to Partners in Education and help support local schools

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please charge my credit card:

Name on card: \_\_\_\_\_

Type of card: \_\_\_\_\_

Account number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Amount of contribution:

President's Council: \$2500

Educational Leadership level: \$1000

\$500       \$250       \$100

\$50       \$25 (basic membership)

\$Other \_\_\_\_\_

Fax form with credit card information to Santa Barbara Partners in Education  
(805) 563-1103

Or make your check payable to: **Partners in Education**

Mail this form and your check to:



Santa Barbara Partners in Education  
Center for Community Education  
3970 La Colina Road, Suite 9  
Santa Barbara, CA 93110