



# CCEF Membership Renewal Invoice

2016 - 2017 MEMBERSHIP YEAR\*

Visit CCEF web  
[www.cceflink.org](http://www.cceflink.org)

Please check the appropriate box for your membership dues level	DUES LEVEL	ENTER AMOUNT
<input type="checkbox"/> Local Education Foundation with revenue over \$250,000	\$250	\$
<input type="checkbox"/> Local Education Foundation with revenue below \$250,000	\$100	\$
<input type="checkbox"/> School District/Superintendent	\$250	\$
<input type="checkbox"/> Individual	\$100	\$
<input type="checkbox"/> Yes, I would like to make an additional donation to support the work of CCEF	➔	\$
<b>Total Amount Due</b>		<b>\$</b>

\*Memberships are for 12 months beginning when form and payment are received

**Corporations and Businesses should contact CCEF directly.**

Please return completed membership renewal form to:

**California Consortium of Education Foundations** P.O. Box 19290 Stanford, CA 94309

**By Fax:** 650-326-7751    **Telephone:** 650-324-1653    **By Email:** [ccef@cceflink.org](mailto:ccef@cceflink.org)    **On the Web Site:** [www.cceflink.org](http://www.cceflink.org)

Check enclosed made payable to CCEF for \$ \_\_\_\_\_     Bill to Purchase Order # \_\_\_\_\_

Current Member     Returning Member     Contact me about getting involved in CCEF

**Please supply the most current contact information about your foundation:**

(Please print)

**UPDATED MEMBER CONTACT INFORMATION**

Contact Name: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Foundation/Organization Name: \_\_\_\_\_

District/School your LEF supports: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Federal EIN #: \_\_\_\_\_ County in California: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Cell/Text Message Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Foundation Web Site: \_\_\_\_\_

For office use only: