

## Yes, I want to make a difference by contributing to the Bridgman Foundation for Educational Excellence.

My tax-deductible contribution will be:		I choose to pay (Check one):		
\$	☐ One Time ☐ Monthly	Cash:	Check:	Credit Card:
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Expiration Date:	CID#:	Please make Checks payable to: Bridgman Foundation for Educational Excellence		
Signature:		Name:		
Address:		City:	State:	Zip:
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