

Thank a member of the South Brunswick School Community

Send a "Beam of Light" to honor a Teacher, Counselor, Nurse, Secretary, Para Professional, Custodian, Bus Driver, Administrator, Coach or School Volunteer. A "Beam of Light" certificate is a unique way to recognize a special person, mark an occasion or convey a holiday greeting. Memorial certificates provide a meaningful tribute to honor a loved one.

By making a tax-deductible donation (minimum of \$10.00) to the Education Foundation of South Brunswick, we will send your honoree a beautiful Beam of Light certificate with your name and brief personal message. Your honoree will also be listed on our website on our Beam of Light Recognition page. The Education Foundation of South Brunswick Township, Inc. is a private, nonprofit 501(c)(3) organization dedicated to enhancing the educational programs offered to the students of the South Brunswick School District.

Visit us at edfoundationsb.org for additional information and to pay by credit card with an on-line form.

Please complete the form below and mail along with payment to:

Thank you for your support!

Education Foundation of S.B. Twp. ATTN: Beam of Light P.O. Box 644 Monmouth Junction, NI 08852

		,	, ,	
0 /				

Honoree Name: Dr / Mr / Ms / Mi	'S	
	Honoree First Name	Honoree Last Name
Title/Position:	School:	
Message to your Honoree (25 word	l limit. Please print clearly):	
"From"- Name on Certificate (opt	ional): o appear ie. Smith Family, Mary Smith, M	
"From"- Name on Certificate (opt Please Print name as you want it to	ional): o appear ie. Smith Family, Mary Smith, M	Ir. and Mrs. Smith
"From"- Name on Certificate (opt Please Print name as you want it to Address:	ional): o appear ie. Smith Family, Mary Smith, M	Ir. and Mrs. Smith
"From"- Name on Certificate (opt Please Print name as you want it to Address:	ional): o appear ie. Smith Family, Mary Smith, M	Ir. and Mrs. Smith
"From"- Name on Certificate (opt Please Print name as you want it to Address: City/State/Zip Code:	ional): o appear ie. Smith Family, Mary Smith, M	Ir. and Mrs. Smith
"From"- Name on Certificate (opt Please Print name as you want it to Address: City/State/Zip Code:	ional):o appear ie. Smith Family, Mary Smith, M	Ir. and Mrs. Smith
"From"- Name on Certificate (opt Please Print name as you want it to Address: City/State/Zip Code:	onal): o appear ie. Smith Family, Mary Smith, M E-mail: Make check payable to: E	Ir. and Mrs. Smith

Donations are deductible to the full extent of the law.