



General Contribution Form

Yes! I/we want to make a donation to support Lakeshore Technical College!

Name: _____

Company: _____

Contact Person: _____

Address: _____

Phone Number _____ Email: _____

Donation Options:

- My check payable to the LTC Foundation, Inc. is enclosed.
- My company will match this gift! *(Company Form is Enclosed)*
- Please charge my credit card for \$ _____
 Card Holder Name: _____
 Card #: _____ Exp: ____/____/____
- LTC Staff Only: Please deduct my contribution from my payroll check:
 One lump sum of \$ _____ on ____/____/____
 In equal installments of \$ _____ beginning ____/____/____ to ____/____/____

My Gift Supports:

- My gift is unrestricted. Please use it where need is greatest.
- My gift is restricted to scholarship support.
- My gift is restricted to help dislocated workers.
- My gift is restricted to fund LTC staff development.
- Other _____

Authorized Donor Signature: _____ Date: _____

Your gift is tax deductible to the extent allowed by law. Thank you for your support.