

## Contribution Form

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

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

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### Donation Options:

- My check payable to the LTC Foundation, Inc. is enclosed.  
**Please mail to: LTC Foundation, 1290 North Avenue, Cleveland, WI 53015**
- 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 directed to scholarship support.
- My gift is directed to student emergency grants
- Other \_\_\_\_\_

Authorized Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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