

Contribution Form

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.

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.
